

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES—No. VII.—JULY, 1845.

ORIGINAL COMMUNICATIONS.

Contributions to General Surgery. By W. H. ELLIOT, D.D.S,
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THE CUTTING GORGET.

Since the days of Ammonius, no instrument has been invented for the operation of lithotomy which has been used with such general success, and, at the same time, liable to so fatal accidents, as the cutting gorget. The principles upon which this instrument acts is correct; yet there are few lithotomists in this country who have sufficient practice to enable them to gain a mastery over its defects; but when by a long experience the requisite skill is acquired by the surgeon, in plunging this instrument, to do it without allowing it to be disengaged from the staff, or to wound the fundus of the bladder, it cannot be denied that it is vastly superior to any other instrument ever used; this is abundantly proven in the unprecedented success of Professor Dudley. The smooth, straight forward incision made into the bladder by the cutting gorget, affords a much safer passage for the urine while it is disposed to flow through the wound, than the irregular and indirect opening produced by the knife.

It has been urged as a reason why the gorget should not be used, that it does not in all cases make an opening into the bladder sufficiently large to facilitate the egress of the calculus. We may infer from this, that it would be better to make the incision

as large as the safety of the parts will allow, without previously ascertaining the size and figure of the stone, further than can be done by the introduction of the sound. But would it not be more in accordance with the correct principles of surgery, to first learn the exact size, shape and condition of the stone, and then enlarge the incision according to the necessities of the case, rather than endanger the final success of the operation, by making the incision unnecessarily large.

In operating with the knife, a diseased condition of the prostate gland, bladder, &c., may lead the most experienced lithotomist into serious errors in his first attempts to reach the interior of the bladder; and accidents when they do happen, generally occur in this stage of the operation; but after this viscus has been once successfully opened, a good anatomist will find no difficulty in enlarging the incision with a probe pointed bistoury, to suit the nature of the case.

In operating with the gorget, whatever may be the condition of the parts, whether normal or abnormal, the surgeon is not liable to be led astray; and the principle accident he can anticipate from the use of this instrument, is its slipping from the groove of the staff, and its being driven too high, too low, or entirely through the bladder. Then, if by any means we can so connect the staff and gorget that no accident whatever can separate them, or prevent them from doing their several offices in the most perfect manner, we shall have produced an instrument which may be used, to say the least, by the *less* experienced lithotomist with more safety than any other. To this end we have made some slight attempts, the result of which may be seen in the following cuts:

[See next page.

Fig. 1 is a simple staff and gorget. The staff is hollow and open upon one side from the point where the external incision reaches it through the membranous portion of the urethra to the inferior end. The shaft of the gorget is split down for the reception of the blade, and has a small bulb upon the end of it. The dotted lines at A show the shape of the narrow end of the blade which confines it in its place, while a small screw through the bulb and blade at B secures the broad end. The opening in the staff is widened considerably at C for the reception of the bulb, which when pushed a little toward the inferior end of the staff, cannot be disengaged from it, the opening being too narrow for the bulb to pass out at any place but at C.

The mode of operating with this instrument is the same as that of the common gorget, except that the gorget is withdrawn as soon as plunged, and the forceps directed by the staff or index finger.

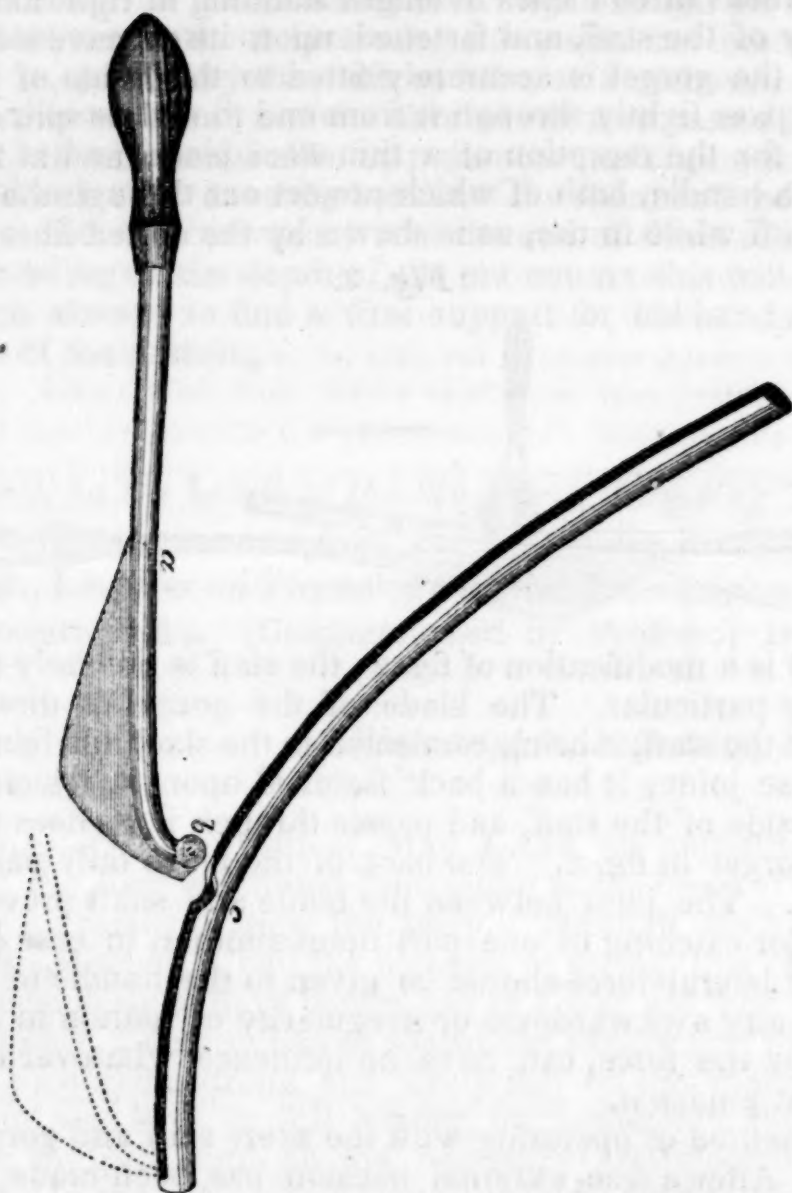
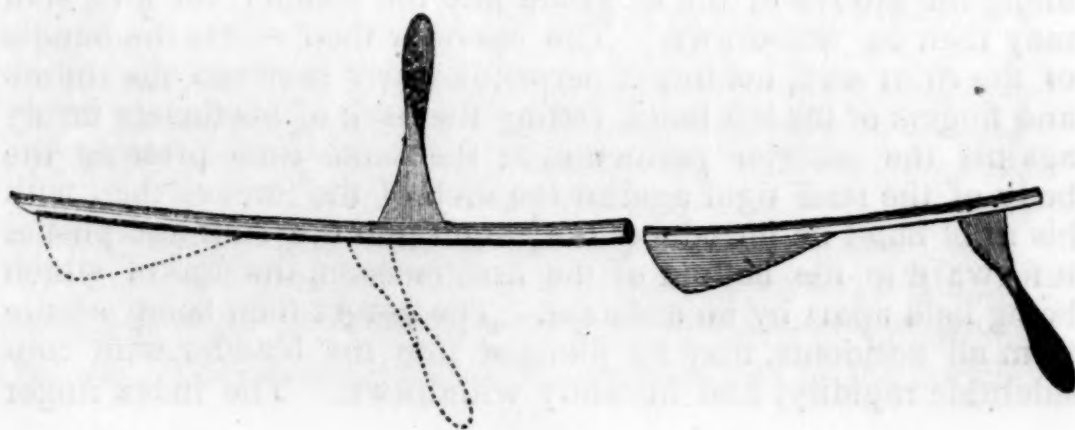
Fig. 1.

Fig. 2 is intended to represent the short staff and gorget. The staff is slightly curved and hollow, with an opening upon one

Fig. 2.



side of its convex surface reaching its whole length, having a handle about three inches in length standing at right angles with the body of the staff, and fastened upon its concave side. The shaft of the gorget is accurately fitted to the inside of the staff, so as to pass lightly through it from end to end, is split down at one end for the reception of a thin steel blade, and at the other end for a handle, both of which project out through the opening in the staff while in use, as is shown by the dotted lines.

Fig. 3.

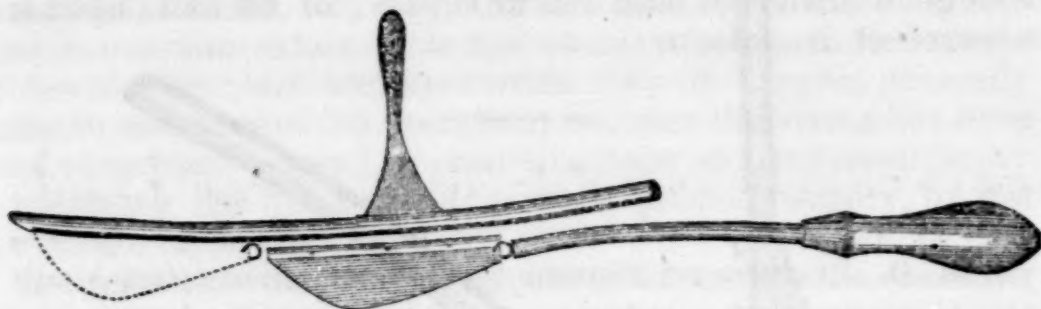


Fig. 3 is a modification of fig. 2; the staff is precisely the same in every particular. The blade of the gorget is directed entirely by the staff, it being connected to the shaft and handle only by a loose joint; it has a back fastened upon it, which is fitted to the inside of the staff, and passes through it, as does the shaft of the gorget in fig. 2. The back of the blade only passes into the staff. The joint between the blade and shaft prevents any rubbing or catching of one part upon another, in case any considerable lateral force should be given to the handle of the gorget, and any awkwardness or irregularity of motion in the hand that gives the force, can have no influence whatever upon the hand that guides it.

The method of operating with the short staff and gorget is as follows: After a free external incision has been made, and the membranous portion of the urethra opened, the operator holding the upper end of the long staff or sound with his left hand, while with his right he introduces the short staff through the incision along the groove of the long staff into the bladder, the long staff may then be withdrawn. The operator then seizes the handle of the short staff, holding it perpendicularly between the thumb and fingers of his left hand, resting the back of his fingers firmly against the anterior perineum, at the same time pressing the body of the staff tight against the arch of the pubes; then with his right hand he introduces the gorget into the staff and pushes it forward to the bottom of the first incision, the lips of which being held apart by an assistant. The gorget then being secure from all accidents, may be plunged into the bladder with considerable rapidity, and instantly withdrawn. The index finger

of the right hand may then be introduced, guided by the staff to feel for the stone; if the incision prove large enough for the calculus to pass out without lacerating the parts, the forceps may be passed in, guided by the staff and the staff removed; if the incision prove too small, a probe pointed bistoury passed in upon the finger is the most suitable instrument for enlarging it.

It would be well to have the handle of the short staff moveable, so that the distance between it and the end of the staff may be varied according to the depth of the perineum; this will enable the surgeon always to find a firm support for his hand against the person of the patient.

Experiments on the hearts of the Sturgeon, Snapping Turtle, and Frog, when removed from the body. By F. G. SMITH, jr., M. D., Lecturer on Physiology in the Philadelphia Medical Association, &c. (Communicated by Professor DUNGLISON.)

Philadelphia, June 20th, 1845.

Professor DUNGLISON,

Dear Sir,—On the 27th of May I had an opportunity of witnessing the long continued contraction of the heart of a sturgeon, after its removal from the body. Through the kindness of Professor Mitchell, I had the pleasure of seeing this interesting phenomenon some days before, but as I was not then able to watch it closely, I determined to repeat the experiment myself.

Having procured a strong and lively fish on the morning of the 27th, he was kept in full vigour, by repeatedly throwing water over the gills, until all the necessary arrangements had been made. In the presence of several medical friends, the heart was removed, having first taken the precaution to tie the vena cava and the pulmonary artery; by this means retaining a good deal of blood within the organ. It was found, however, that although the heart pulsated at the rate of twenty-four times in a minute, the contractions were not so vigorous as had been expected. The ligature was then removed from the pulmonary artery, and the heart allowed to empty itself by its own powers, thus showing, in an interesting manner, the propulsion of the blood from the central organ. After it had completely emptied itself, the cavities were inflated with air from the lungs,—then, on re-applying the ligature, the contractions of the heart greatly increased in force, still retaining the same number of pulsations as before. They commenced at the superior part of the auricle,

and were transmitted by a rapid, wave-like motion, over the body of the auricle, until they reached the ventricle, which immediately contracted with a short, jerking movement. The time occupied by the contraction of the ventricle was shorter than that occupied by the contraction of the auricle. As the heart became dry, the vigour of the contractions diminished, but by moistening it with water, it was in some degree restored. Gradually, however, the number of pulsations was reduced,—the ventricle ceasing to contract first. As the auricle dried, the pulsations ceased in those parts that dried first, beginning at the most superior parts, and then it was interesting to observe that the order of contractions was reversed, commencing at the most dependent portion. The number of contractions slowly diminished through the day, from twenty-four in the minute to nine, which was the number at 11 o'clock in the evening. At 7 the next morning, the middle portion of the auricle (the only part that remained moist) was still contracting slightly, though, by irritating it with a pointed instrument, its contractions were very distinctly marked. At any time during the preceding day and evening, motion could be produced by irritation. From other engagements the opportunity was wanting to prolong the observation after seven; and returning at eight, the pulsations had entirely ceased. They had continued twenty-two hours after the removal of the heart from the body.

On the 19th of June I repeated the experiment, assisted by Drs. Allen and Neill. On this occasion we used, not only the heart of a sturgeon, but, in addition, that of a snapping turtle and a frog. The heart of the sturgeon was removed at 11 A.M., having taken the same precaution as before. We again observed the same occurrence, that the organ did not begin to contract forcibly till the cavities were emptied of blood and filled with air, when the movements were even more energetic than in the first experiment. They did not last, however, so long as in the first, having entirely ceased twelve hours after removal. The same phenomena of reversed action were witnessed in this case.

The heart of the frog continued to contract an hour longer than that of the sturgeon, lasting thirteen hours in all. That of the snapper is still contracting at this time, (twenty-five hours after removal,) though the space over which the motions are evident, is small, being merely the base of the auricle, which alone has remained moist. It is worthy of remark, that the auricles have participated more than the ventricles in all these experiments, in the motion of this organ.

Heart of Sturgeon.	Frog.	Turtle.
11, A. M., 32 puls. in minute..	1 o'clock, 60 in minute.	1½ o'clock, 20 in minute.
11½, 24 " " "	3 " 40 " "	3 " 14 " "
12, 18 " " "	7 " 15 " "	6 " 12 " "
12½, 20 " " "	10 " 10 " "	10 " 10 " "
1, 20, very little motion in ventricle.	11½ " 10 " "	11½ " 10, vent. slight.
2, 10 ventricle just ceased.	12 " Very slight.	
3, 4 contractions of auricle in minute.		
6, 6 " " "		
7, 4 " " "		
10, 4 " " "		
11, Auricle just ceased.		

The ventricle ceased to contract in the night, but at six, A.M., the next morning, the auricles were still contracting, (though very dry,) at the rate of eight in the minute. At 8 o'clock, on slight irritation, eight times per minute. Those contractions still continued till 3, P. M., when they were arrested by putting the heart in warm water, with the hope of increasing them. Total time, 25½ hours.

The heart of the sturgeon was, *perhaps*, arrested by its becoming emphysematous, from having too much air forced into it in the first instance.

Yours, respectfully,

F. G. SMITH, JR.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

Saturday, February 1, 1845.

CLINIC OF PROFESSOR DUNGLISON.

Reported by Dr. Samuel G. White, of Georgia.

Professor Dunglison continued, this morning, the consideration of the class of nervous diseases, which engaged attention at the last lecture.

PARAPLEGIA.

On this affection he offered only a few observations, as the inclemency of the weather rendered it hazardous to introduce the patients labouring under it into the amphitheatre; and he remarked

that he made it a point that the patient should never incur any risk from being brought before the class.

This disease is seated in some portion of the medulla spinalis, which may generally be detected. It is characterized most usually by marked phenomena, which differ, however, in different cases. There is either impairment or abolition of the power of motion, or of sensation, or of both, in all the parts that receive their nerves from the medulla, below the seat of the disease. If there be paralysis alone, the anterior or motor nerves are affected only; if sensation be impaired or destroyed, the sensory or posterior nerves; and when sensation and motion together are injured, both roots are involved. The loss of the power of motion is detected earlier than that of sensation, the peculiar halting or vacillatory gait of the individual always attracting attention.

Paraplegia, then, may be caused by a lesion of any portion of the spinal medulla. It is very frequently the result of mechanical injuries, as of falls, blows, &c. The precise seat of the disease may generally be discovered, by the difference of sensation when pressure is made over the vertebræ, corresponding to, and below the seat of the lesion. The treatment, in fully formed paraplegia, essentially consists in the employment of stimulant applications; as the various counter-irritants, frictions, electricity, &c. Usually, however, more confidence is reposed in strychnia, given internally or applied endermically. If there be any apprehension as to the administration of this article in hemiplegia, the Professor thinks there should be none in paraplegia. Its excitant action in the former, when dependent on hemorrhage, may increase the effusion of blood, and occasion injurious effects on the encephalic neurine; but no such mischief need be feared in the affection under consideration. Strychnia is a tetanic, and, as such, exerts its influence on the nervous system, which is commonly evinced, more especially, by tetanic convulsions of the muscles of the affected limbs. It may be given in doses of the tenth of a grain, repeated twice or thrice daily, or the same quantity to one-sixth of a grain may be applied to a blistered surface over the affected portion of the spine. At times, the effect of this article is most salutary, but it is often productive of no benefit. Generally the case remains incurable when the medulla is organically diseased; and we can only rely for benefit on the recuperative powers of the system; which, however, are too often insufficient to repair the mischief.

The Professor then proceeded to make some remarks on

CHOREA.

This disease is classed amongst the neuroses, or those affections of the nervous system which are not characterised by any constant

pathological lesion. As remarked at the last lecture, they afford good examples of the difficulty which exists, in some instances, in distinguishing, by nomenclature, symptoms from disease—in other words, the manifestations of the disease from the disease itself. Being ignorant of the pathological condition, we name the disease after a prominent manifestation.

Chorea, otherwise called *St. Vitus's dance*, is confined principally to children, although it does occur, at times, at an after period. It is usually attended with phenomena not easily to be mistaken. The principal of these is a constant, singular movement of some portion of the body. In rare instances, the motions involve the entire muscular system; but in the vast majority, they are confined to one side, and generally to the extremities; at times to the face, or to one upper extremity. Every variety of tic, or twitching of the face or muscles of the extremities, may with propriety be classed along with chorea. They are, indeed cases of *partial chorea*; are frequently the result of vicious habits, acquired at an early period of existence, and which have become inveterate, so as often to be real deformities.

The Professor now introduced a patient suffering with chorea, which, although not strongly marked, served to exhibit its characters. The patient, a young man, entered the hospital for scabies, for which he was treated. The history of the case being very imperfect, the nature of the disease could only be inferred from the existing symptoms, which were, constant motion of the right leg, twitching of one side of the face, and irregularity in locomotion. Soon after he entered the wards, he was attacked with convulsive movements of the left side without any affection of the mind, which were not well understood at the time, but seem evidently to have been augmented manifestations of chorea,—ordinary convulsions, excepting the hysteric and hysteroid, being attended with suspension of consciousness during their continuance. From the history obtained—imperfect as it is—it is probable that the chorea had existed before puberty, and has since continued.

The precise local pathology of chorea, as before intimated, is not known. There is a preternatural and peculiar excitability, and mobility of the nervous system, of an inappreciable character; but unquestionably dependent upon some organic modification, of the nature of which we are profoundly ignorant, as we are in the case of every other affection of the class neuroses.

It is stated that the left side is most frequently affected in chorea, but the numerical method has not thus far been rigorously applied, and it cannot be considered as determined.

It is a disease more often feigned than any other, especially in civil and military hospitals. Not unfrequently, the simulation is

so perfect as to elude detection, unless careful attention be paid to the individual, when he considers himself unobserved.

The Professor here narrated an interesting case of this description that occurred in his own practice, and which he related to the clinical class of the last session. The patient—a young lady—from the incessant motion of one arm, was believed to be affected with chorea, and was subjected to every variety of treatment, but without effect, not the least suspicion being indulged of its real character. At the suggestion of an older physician, it was determined to watch the patient whilst secluded. Accordingly, the nurse was directed to notice her through the key hole of the room, when it was found, that, whilst alone, the arm remained perfectly quiet, but, on the least noise being made, it immediately commenced its wonted motions. The experiment was repeated several times with the same result, and the inference was that the affection was feigned. On farther inquiry, suggested by these investigations, the girl confessed, that being dissatisfied with her situation at a boarding school, she had adopted this method of being retained at home.

It has been affirmed, that the motions, in the feigned form of the disease, are discontinued during sleep, and that by this test its character may be ascertained; but in many cases of real chorea there are no movements whatever in sleep, and hence it cannot be considered distinctive. The fraud can, indeed, only be discovered by pursuing a plan similar to the one alluded to, of watching the individual closely.

The prognosis is somewhat modified by the age of the patient. If under puberty, it is always more manageable, and is, in many cases, spontaneously removed under the evolutions that take place in the system at that period. But if it continues beyond this, it is very apt to persist, in spite of any thing that can be done.

It is not, generally speaking, a serious disease, but at times the functions of the encephalon become disturbed, and want of cerebral power or idiocy results. The treatment has varied according to the peculiar views of practitioners in regard to the nature of the affection. They, who consider it to be phlogistic, have recourse to the antiphlogistic regimen, and to general or topical blood-letting, cathartics, low diet, &c. Dr. Hamilton, sen., of Edinburgh, believing it to be dependent on torpor of the gastro intestinal surface, placed much confidence on the continued use of purgatives; and we can readily comprehend, that offending matters existing in the intestines, might react injuriously in the nervous system, and be concerned in the production of the phenomena. Under such circumstances, their removal could not fail to be beneficial, and, doubtless, in this manner cathartics may often be productive of much good. The Professor does not consider it necessary to employ

depletory means in the majority of cases, as he believes the disease to be anything but inflammatory. They may, however, be sometimes required. He thinks, that most benefit results from a combination of cathartics with tonics. There is great irritability and mobility of the nervous system in every case, which must be removed in order to effect a cure. Of the tonics, the preparations of iron, and especially the subcarbonate, are to be preferred.

In the case under consideration, a purgative, consisting of jalap and calomel, shall be given every third day; and in the interval the subcarbonate of iron—in large doses—not less than twenty to twenty-five grains, three times a day. These articles require to be continued for several weeks, before any marked effect is usually produced, and the same may be said of any mode of treatment for chorea. The result in this case will be reported to the class on some future occasion. Where practicable, these agents may be aided by the use of the shower-bath, in summer, frictions with the flesh-brush, travelling air and exercise, change of residence, &c., every thing, indeed, which is adapted to make a new or revellent impression on the nervous system, may be had recourse to, and decided benefit will often result; but, at times, the disease is exceedingly obstinate, and—as before remarked—resists every mode of treatment.

In connection with this subject, the Professor referred to an interesting case, of what was considered to be

SALAAM CONVULSION.

This is a peculiar disease, characterised by a constant bobbing of the head forwards, which increases in degree until the whole body is flexed on the legs; and from its resemblance to the mode of salutation in the East, Sir Charles Clarke gave the name "*Salaam*" to it. The recorded cases of it are few, and they have been unfortunate in their termination, having either ended in idiocy or death.

The case, narrated by the lecturer, was contained in a letter from a professional gentleman. It described the case of his son. The lecturer did not, however, consider that it was truly a case of Salaam Convulsion. He feared that the phenomena—convulsions without loss of consciousness, and transient hemiplegia—indicated some alarming lesion of the cerebral neurine, the exact nature of which could not be ascertained. Such eccentric convulsions, he need hardly say, should be looked upon with great solicitude. An occasional convulsion, caused by eccentric impressions, may be of comparatively little moment; but one which originates from a morbid condition of the neurine, is apt to recur, to increase rather than diminish, and to induce unhappy consequences. He hoped that

such might not be the result in the case in question, but he much feared it.

All the cases of salaam convulsion, hitherto described, have terminated unfavourably, the individual becoming idiotic or paralytic, and rarely surviving the 17th year. The disturbance may, in the first instance, be only functional; but, sooner or later, organic alterations in the encephalic neurine supervene.

The constant bobbing of the head forward recalls to mind the view of Magendie, that a forward impulse is seated in the cerebellum; and a backward in the corpora striata. According to this view, some lesion ought to exist in the seat of the backward impulse! But thus far we know nothing of the precise encephalic lesions in this singular affection.

DISCOLORATION FROM NITRATE OF SILVER.

The attention of the class was next directed to a case of EPILEPSY, not so much to illustrate that affection, as to exhibit the peculiar discoloration of the surface generally ascribed to the prolonged use of the nitrate of silver. The patient before the class, a middle aged man, has long suffered from epileptic convulsions. Whilst a child, he received a kick from a horse, and, five years afterwards, the fits made their appearance. It would not seem improbable that they are dependent on this cause, although the effect was not produced immediately. Perhaps this injury gave rise to the formation of an exostosis on the inner table of the skull, which we know is always gradual in its formation, and disturbs the functions of the brain, by irritation and pressure on the surface of that viscus. Not unfrequently, epilepsy is produced by a depressed fracture or splintered bone, which acts in a similar manner. The Professor remarked, that on another occasion he should consider this disease fully; and therefore at present would not say more upon it.

The patient before the class had been subjected to a great variety of treatment for the epilepsy without effect, and amongst other articles, it is probable, that the nitrate of silver had been prescribed. The peculiar colour of the skin would certainly lead to the inference, that this salt had been taken. It is affirmed, however, by some, that the slate colour of the surface, in such cases, is the effect of the disease, and not of the remedy. This view is held especially by those who adhere to the exploded opinion, that active substances cannot be received into the circulation. But if the discoloration be the effect of the disease, why is it that every patient does not present it. Why is it that we meet with such a small number of cases? In every instance, the lecturer remarked, in which the colour had been observed—so far as he knew—the nitrate of

silver had been administered, and he is not aware of any authenticated case in which it had occurred where the nitrate had not been given.

It is an interesting question to determine the *modus operandi* of the salt of silver in producing this discoloration. Is it converted, in the stomach, into a chloride? There is reason to believe, that it always must be, as that organ generally contains more or less chlorohydric acid, or chloride of sodium. This necessary decomposition is not, however, assented to by all, some believing that there is no change produced on the article in the stomach; but from the facility with which it is changed into the chloride out of the body, it is difficult to conceive how so small a quantity as the usual dose can possibly escape decomposition in the alimentary tube. The chloride, by exposure to light, becomes of a dark hue, or slate colour, which is so far confirmatory of its being the colouring agent in these cases.

The Professor infers, therefore, that the chloride is taken up from the gastro-interic mucous surface, and deposited in the corpus papillare, where it undergoes a change under the influence of light, so as to produce the colour described. The use of iodine along with the nitrate, is said to prevent this discoloration; or the iodide of silver may be administered in its place in epilepsy. The discoloration is not of frequent occurrence, but when it takes place it is not easily removed, and at times continues through life. Of late, Dr. Patterson, of Scotland, has recommended the preparations of iodine to remove the stain, and they *may* be beneficial. Sufficient trials have not been made with them, however, to establish their efficacy.

The iodide of potassium will be ordered in this case, and its results be reported to the class hereafter. It need scarcely be said that the remedy, to be of any service, must be continued for a considerable length of time.

PATHOLOGICAL SPECIMENS.

Professor Dunghison next exhibited to the class an interesting and instructive case of

OPEN FORAMEN OVALE, AND PULMONARY CONSUMPTION, IN A COLORED FEMALE NINETY-EIGHT YEARS OF AGE.

It will be remembered, that a communication between the auricles, through the septum auriculorum, exists throughout the term of uterogestation, and for a time after birth. Such communication is all important to the proper performance of the foetal circulation; but so soon as respiration is established, the blood is drawn into the lungs, and, the necessity for the foramen ovale ceasing, it closes.

The precise period at which this closure takes place is various. Sometimes it remains patulous for months, and, in a few instances, of which the case under consideration was a remarkable example, it continues until very advanced age.

Where there is no impediment to the pulmonic circulation, this open state of the foramen ovale is of no importance, and occasions no inconvenience, but when any impediment exists, *CYANOSIS* or *MORBUS CÆRULEUS* may be produced.

The Professor considers this affection—cyanosis—to be dependent not on a non-closure of the foramen, but generally rather on the imperfect development of the pulmonary artery, which prevents the free exit of the blood from the heart to the lungs. Any thing, indeed, that obstructs the pulmonic circulation may be its cause. Cyanosis, consequently, does not necessarily occur when the foramen is patulous. Of this, numerous cases are on record: and in the present case there was no evidence whatever, during life, of cardiac malformation, although the opening is sufficiently large to admit the handle of a medium sized scalpel.

It is not uncommon to meet with an open foramen in young individuals, but it is more rarely seen in adults. When it does exist, there are usually other malformations, which occasion the diseases of morbus cæruleus, so that life is seldom prolonged beyond the twelfth year. This is probably owing to the great susceptibility to morbid action, occasioned by the impeded circulation, and the consequent disturbance of the function of nutrition. Before the twelfth year the functions may be carried on, notwithstanding such impediments, but the evolutions that occur about the age of puberty may require blood more perfectly constituted, and a more perfect circulation, and hence the fatal disorders that generally supervene at this age in the cyanosed.

When cyanosis is dependent on an impediment to the egress of the blood from the heart, owing to an imperfectly developed pulmonary artery, &c., Dr. Craigie suggests, that the open condition of the foramen ovale may be even advantageous; inasmuch as the ventricles might otherwise be over-distended, and the blood not find a sufficient vent through the septum auriculorum. Life is not, therefore, destroyed by the admixture of arterial and venous blood, but is positively prolonged by it.

[Here the Professor exhibited the heart to the class, and pointed out the seat and size of the opening.]

The aorta in this case, as it generally is in old individuals, is studded with patches of osseous matter. These cannot be properly considered morbid, for ossification of the arteries becomes, as it were, a natural condition of those vessels in the aged. Very rarely is it absent, under such circumstances. The left heart presents a healthy appearance, with the exception of ossific points on the semi-

lunar valves. This probably occasioned a roughness of both sounds of the heart, but especially of the second, which might have been detected, if auscultation had been practised. In the right heart, the tricuspid valves are markedly insufficient, and must have permitted the ready regurgitation of the blood from the ventricle to the auricle. The chordæ tendineæ are also very small.

It may here be remarked, that the right side of the heart is rarely diseased, whereas the left is very frequently so. This difference is, doubtless, connected with the difference in the texture of the lining membrane of the two sides,—that of the left being continuous with that of the aorta, whilst that of the right is a continuation of the venous membrane of the venæ cavæ. The semilunar valves of the pulmonary artery, and that vessel itself, are perfectly healthy.

Lungs.—The lungs were found adherent, in several places, to the chest, by fibrous bands, the result of ancient pleurisy. The right lung was the seat of extensive tubercular deposits, and near its apex was an excavation, large enough to contain several ounces of fluid, and another of smaller size, situate lower down, which was filled with softened tuberculous matter. The left lung was much congested, but contained no tubercles, or a very few. The bronchial glands were enlarged and softened.

The cavities of the heart and great vessels were filled with coagula of dark blood, and the substance of the organ was much engorged. From the sudden death of the patient, and the *post mortem* appearances, the lecturer concluded, that the cause of death was probably an arrestation of the heart's action, from its congested condition, consequent on impediment to the pulmonic circulation.

[The lecturer here presented another specimen of OPEN FORAMEN OVALE, occurring in an adult about thirty years of age, who died of cirrhosis of the liver. The opening, in this instance, was not so marked as in that just described, and was more valvular in its arrangement.]

The lecture was concluded with a few remarks on some pathological specimens, obtained from an individual under treatment for

ULCERATION OF THE RECTUM.

The case was reported on a former occasion.

Death occurred ultimately from phthisis pulmonalis. It is thought by some that ulceration of the rectum and fistula in ano, occurring in phthisical patients, have an intimate connection with the condition of the lungs. The Professor thinks, that this relation of cause and effect does exist to some degree, but not to such an extent as has been believed by many. Ulcerations of the intestines are frequently the consequence of pulmonary disease; but these are generally

seated in the small intestine; but that the same connection with fistula obtains, he thinks doubtful.

The lungs in this case, as the class will see, are greatly hypertrophied, and completely solidified at the upper portion. The right lung, near its summit, is loaded with tubercles, and near the apex, posteriorly, a cavity of some size exists, from which the matter of expectoration was discharged. The opposite lung contains only a few tubercles of small size.

Ulcerations of different sizes are perceptible in the colon and rectum. In the large intestine they are numerous, and appear to have been of long standing. Although much inconvenience was experienced during life in the rectum, the ulcerations there seated are not so large or numerous as higher up. This condition of the parts affords a satisfactory explanation of the long continued diarrhoea under which the individual laboured.

BIBLIOGRAPHICAL NOTICES.

An Apology for the Nerves; or their influence and importance in health and disease. By SIR GEORGE LEFEVRE, M. D., Fellow of the Royal College of Physicians, late Physician to the British Embassy at the Court of St. Petersburg, &c. &c. 12mo. pp. 363. London, 1844.

He, who sets out with a professed determination to prepare an apology for any thing, is apt to find his undertaking terminate in an overstrained eulogy. Instead of acting as the unbiassed judge, he irresistibly argues as the interested advocate. Such, to a certain degree, is the character of Sir Geo. Lefevre's production. Thinking, that the nerves have been too much overlooked in pathological and therapeutical considerations, he has assigned to them influences which are often doubtful; and at times, we think, unfounded. For a number of years Sir George resided in St. Petersburg, and not long ago returned to his native country, soon after which he published his "*Life of a Travelling Physician*," which we perused at the time with pleasure,—not that it was characterized by any profundity of

reflection, but it was written in a lively style, and exhibited that the author was a tolerable observer, and was withal a humorist; so that in his description of persons, places and events, there was a freshness, and at the same time a frankness, that could not but be taking. His present work is more medical, but it possesses the same praiseworthy qualities as the other. He who consults its pages for profound views will be disappointed: at times, indeed, he will find views with which he can by no means accord; and yet, ever and anon, an expression occurs, which will please him by its raciness and happy style. Moreover, the detailed results of Sir George's observations on climes, and amongst people, that are new to the reader, will convey to every one information for which he must feel thankful. The following remarks from the preface are characteristic:

"The blood holds a most important place amongst the vital organs, if it can usurp this title, but it does not hold the first place. To it the muscle owes its power, the nerve its tone; from it all the secretions are prepared; but it does nothing of itself; all depends upon its vitality, which it derives from the nerves. In the further consideration of this subject we shall endeavour to establish its full claims, physiologically and pathologically, not endowing it with properties, nor attributing to it intelligence, but giving it its due rank in its triple alliance with muscle and nerve. "The Travelling Physician" sought protection under the authority of a *sliding scale* for changes in opinions during twenty years of his life; and as he is well aware that a similar scale is applicable to every branch of science, he cannot but feel that a long exile may not have permitted him to keep pace with others in noting the all but daily discoveries that have been made in physiology. But if he has not learnt all that has been done at home, he may comfort himself with the idea that he will have less to unlearn. How much has proved ephemeral in this short space of time! Sir Charles Bell's respiratory nerves had a local habitation, and a name, in anatomical text books and manuals. They have been erased from subsequent editions of the same works. Poisons were proved, as far as experiments could prove anything, to be introduced into the system by means of the blood. The doctrine was set at naught by other experiments, still more conclusive than the *experimentum crucis* of Magendie. Dr. Addison and Mr. Morgan maintained that the nerves alone were the operating agents, and that too upon the undeniable test of experiment. Other physiologists again maintain, that there was fallacy in these proceedings,—the old story,—and the

general opinion seems to be in favour of absorption into the blood to account for the effects of poisons on the system. What are we to think, then, of the nerves,—to hear once more of a nervous fluid, visible, ponderable, palpable, expressible from tubes, when the idea of this structure has been rejected, reviled, and proved fallacious for nearly a century. If those who think they have arrived at the top of the tree, find that they have again to descend to the bottom, the author will have less cause for reproaching the frost and snows of Russia, which, if they prevented him from climbing so rapidly as he might have wished, may, at least, have had the merit of lessening the height from which he might have had to fall." p. 10.

Yet some of the views embraced by the author, he can scarcely be accused of "climbing" after! They ought rather, we think, to have been sought for, buried in the soil at the foot of "the tree." Where, for example, does he find the following opinion?

"The nerves and muscles must form the blood, which can alone invigorate them. Hence, then, we come at once to the dependencies of the nerves, muscles and blood upon each other; and it is in vain to attempt to isolate them in their mutual influences. They are collaborators in all the functions of life, but they are not co-equals." p. 10.

What naturalist, again, believes in the gratuitous assertion of Dr. Macculloch, selected by the author as a motto to his work, and blazoned on his title page—that "*without a nervous system there is no animal*,—there can be none; without a circulatory one there are myriads."!

We shall not attempt to follow the author in his various desultory observations scattered through the volume before us, but shall indulge ourselves in some random remarks on those that especially strike our attention. In treating of the blood, we have the following:

"In speaking of the quantity of blood in the system, great discrepancies exist in the opinions of physiologists upon this subject,—a difference allowing of a range from eight to thirty pounds. Sir Astley Cooper estimated it an ounce per pound of solid. Now seventy ounces of blood have been taken from the arm, one-fourth of the whole vital fluid, without causing complete exhaustion, and the system has rallied again under such a loss, which, if the nervous energy be not too much impaired, will be in time replenished." p. 30. And he adds in a note—

"Dr. Parry estimated it at 20 lbs. *Note.* A woman died of hemorrhagy, losing 26 lbs. From a full blooded young woman, who was beheaded, 25 lbs. were collected.—*Wrisberg.*"

The subject of muscular motion—voluntary as well as involuntary—could not escape the notice of an apologist for the nerves; yet it is a difficult task to attempt to show that the nervous influence communicates to muscles the power of contraction. The more, indeed, we reflect upon the matter, the more are we compelled to adopt the Hallerian view of a *vis insita*, or innate power of contractility or irritability, on which the nervous influence acts as an excitant, and which it tends to exhaust like any other excitant. The singular phenomena, exhibited in the interesting experiments of Dr. F. G. Smith detailed in another part of this number, would seem, indeed, to prove, that the heart—an involuntary muscle—goes on contracting for hours by a *vis insita*, and that the nervous stimulus is not even needed to develope its contractions. It was, at one time, thought the height of absurdity to ascribe the action of that viscus to a "pulsific virtue" which it possessed; yet, in reality, we mean little or nothing more, when we affirm, that its contractions, as well as those of the intestinal canal, are owing to something inherent in its structure.

Of phrenology Sir George Lefevre does not say much. He cites—evidently with approbation—the remark of Mr. Travers, that "the phrenological system owes its existence to the countenance which it derives from a twilight of truth, though only sufficient to serve as a beacon to the absurdities with which it is enveloped ;" yet he considers it a subject "of too much importance to be discussed in a cursory manner, or by the *non idonei.*" Lavater, he thinks, "is too much forgotten in the present day. His facial angle" [we thought it was Camper's] "cannot but persuade those who study it carefully, that they can read the man in his physiognomy." Yet who ever pretended to "*read the man*" by his facial angle !

The following is a merited tribute to a scientific and excellent individual—the discoverer of nitrogen—who was rapidly quitting the stage when we knew him. We well recollect the feelings entertained towards him as a practitioner by the mass of students, who could not comprehend his judicious treatment,

but were on the look out—as has been the case amongst medical students in almost all time—for something heroic and startling, or at all events “decided.”

“When in Edinburgh,” says the author, “I was clinical clerk to the late Dr. Rutherford, with whose memory are associated most grateful recollections, and from whom I received most marked kindnesses. His practice was considered by the students, who know so much, or think they know so much, as puerile and inert, and his visits drew but few followers into the wards. Cases which seemed to us to demand the most active treatment and a free use of the lancet, were treated by a saline diaphoretic mixture, and a foot-bath, and got well under such treatment. He once said to me, with a smile, my practice differs from that of my colleagues; but it is my object to let the students see how much nature will do in many instances, and how patients recover under the most simple treatment, and by the removal only of all exciting causes. It is too common for you all to ascribe everything to the medicines you administer. The very active treatment you employ relieves the symptoms, and you take great credit to yourselves for your decided practice; but you forget that long convalescences follow, and the constitution is shattered and impaired by such abstraction of its powers. You will find that patients who have been apparently cured by large bleedings, which have conquered pain in the first instance, remain eventually longer in the wards than those who have not been so speedily relieved; moreover, you will find them return again, after their dismissal, with dropsy and chronic affections. As regarded bleedings, the Doctor never took away more than from eight to twelve ounces at a time; and now, after a period of twenty-five years his views of things, and those of his colleague, Dr. Gregory, seem to have been correct. For, as the latter has beautifully expressed it, “*Nam uti sanguis semel missus nunquam in venas redit: sic nequè vires cum illo amissæ in variis morbis unquam refici possunt.*”

The change in this part of the treatment of disease has undergone great modifications, and practitioners no longer boast of their bleedings *ad deliquium*, which they did formerly. This *decided* practice, as it was styled, and which usurped the claims of confidence, is now proved to have been decidedly bad.”
p. 67.

The author adds two more cases, to the great number already recorded, of fatal results from the application of blisters in scarlatina. In one case tetanus supervened;—in the other gangrene.

Delirium tremens, he says, is a very common disease in St.

Petersburg; and, with great candour, he adds—"it always proved fatal in the cases which I treated. In the naval hospital, where it is very prevalent, opium and musk sometimes succeeded in saving the patient." p. 177. This uniform want of success is very unaccountable. It certainly is not a fatal disease here, when properly managed. We happen to have before us, at this very moment, an abstract of the number of patients admitted into the female Insane Department of the Philadelphia Hospital, from the first of November, 1844, to the 4th of February, 1845. In this quarter there were received, thirty-two cases of decided delirium tremens; and eighteen which are classed as intoxication. Of these not one died. The treatment was eclectic, often expectant, and not a dose of alcohol was given.

In the present work, as in his "*Thermal Comfort*," Sir George touches upon some peculiarities of German Therapeutics, yet we see little worthy of having been recorded by him, and therefore little worth extracting by us.

The *grape cure*, *cure du raisin* or *Traubencur*, like the *Wassercur*, is one of those exclusive systems of treatment for which the Germans have been celebrated; and the efficacy of which reposes, by the way, in a great measure on this very exclusiveness. Revulsion appears to be the main agency, under the new impressions that are made by an entire revolution of diet and regimen: but let us hear what Sir George says of it.

"Those who have practised in Russia will have been made conversant with the *cure du raisin*. I had an opportunity of becoming so, when in the south of the empire, and in a grape country. It is necessary to state in what this cure consists, and for what class of diseases it is recommended. The latter may be dismissed at once, by stating, that all those functional nervous affections, which resist the routine of treatment generally employed, are the cases which may be so benefited, seeing that the discipline is more intolerable than the disorder for which it is instituted. A lady of rank leaves her bed of down and cushioned canopy, and migrates into the country,—turns a poor family out of their habitation, (not without making them an ample recompense,) and becomes the tenant of a filthy hut. This is part of the cure, viz.: to forego all luxury, to sleep in the peasant's crib, to sit upon his bench, and to avoid anything in the

shape of comfort. The grape alone for meat, the grape for drink; a small quantity of dry bread is perhaps allowed. This is continued for the space of three weeks, and it is no wonder, if all circumstances are taken into consideration, that a cure is effected. I have known people of the highest rank subject themselves to such discipline, and have full faith in its results. It is homœopathy and hydropathy in another shape, and as the Italians say of all the varieties of form, in which they make their pastes, *c'est toujours du macaroni.*" p. 282.

Then follow some observations, which sufficiently demonstrate that Sir George does not belong to the class of "teatallers," as he terms them; and he dismisses the subject with the remark, that "they who have undergone the discipline of the grape-cure for a month are glad to come back again to the more comfortable liquor, which, when used, and not abused, is often one of the greatest blessings." p. 283.

But our space admonishes us that we must pause. In an appendix, the author has made some observations on different topics, which did not seem to him to be exactly adapted to the body of the work. On none of these do we think it necessary to dwell. One of them is properly headed "*credat judæus.*" It consists of an extract from the Collect. Academ. in the Romanzoff Library, St. Petersburg, and details the history of a woman who was confined of a female child, whose abdomen was larger than usual, and which child, eight days after birth, was itself delivered of a child of the length of the middle finger; "and as it was born," the chronicler adds, "and had the human figure; it was baptized, *mais la petite accouchée et sa petite fille moururent toutes les deux le lendemain.*" p. 324.

Sir George Lefevre obviously, from the caption of the article, does not believe this story, but by his publishing it without comment, there may be those who think that he reposes confidence in it. He, at all events, deems it worthy of being cited. It might have done for the pages of Pontoppidan, or for the article *Cas rares* in the *Dictionnaire des Sciences Médicales*.

Principles and Illustrations of Pathological Anatomy; being a complete series of Colored Lithographic Drawings. By J. HOPE, M. D., F. R. S., Physician to the St. Mary-Le-Bone Infirmary; Mem. Hon. De La Société De Statistique Universelle; Extraord. Mem. and formerly Pres. of the Roy. Med. Soc. Ed., etc. First American Edition. Edited by L. M. LAWSON, M. D., Professor of General and Pathological Anatomy and Physiology in Transylvania University. Royal 8vo. Cincinnati: Desilver and Burr. Lexington: A. T. Skillman and Son. 1844.

Next in importance to a knowledge of the structure of the various organs and parts of the human body, in a state of health, must be regarded the changes and modifications that result from disease. Whether the morbid actions which constitute the various disorders that flesh is heir to, cause or result from these structural alterations, in the first instance, the facts are equally necessary to be known by those who would justly appreciate the symptoms of disease as indications for rational treatment. The study of symptoms, without an inquiry into the lesions they denote or portend, is but an idle task; nor is the attempt to frame a system of rational therapeutics, without a previous acquaintance with the uses and actions of the various parts of the body in health, and their aberrations in disease, at all less absurd. In the language of a distinguished living author: "The whole department of practical medicine teems with examples of the benefits which it has derived from *morbid anatomy*. What should we know of the nature, products, and tendencies of inflammations, and other diseases which alter the structure, but for the scalpel revealing them to our very sight and touch? The minuteness with which it (*morbid anatomy*) has been pursued in connexion with clinical observation, in regard to diseases of the lungs, heart, liver, kidneys, and alimentary canal, deserves especially to be mentioned as the great source of our improved theory and practice in these complaints."—(*Williams's Principles of Medicine*.)

Impressed with the importance of this subject, we rejoice at every effort to facilitate and encourage its prosecution. Simple

description, even when accompanied by ample commentaries, without demonstration, in subjects so difficult to comprehend, is always dry and unsatisfactory. As a preparatory step in such investigations, well executed drawings, properly colored, are most essential aids to the beginner. It is in this light only, however, that we can commend them to our junior brethren: nothing can adequately substitute the actual inspection of the altered tissues themselves. It is to the cadaver, with scalpel in hand, and frequently with glasses, too, that we must go to acquire just ideas of the extent and character of the changes that result in the progress of disease.

Dr. Hope's work on pathological anatomy has been before the profession about a dozen years, and has received its marked approval;—it is, indeed, a work of very great merit, and worthy to be in the hands of every man who aspires to a competent knowledge of the healing art. The opportunity is now presented to American physicians to possess themselves of it at a very reasonable cost. In regard to the execution of the present edition, which is the first that has appeared in this country, we are free to say that the paper and typography are very respectable, and do credit to the press and the liberality of the publishers of the "Queen City of the West." Of the illustrations, in the copy we have seen, we are bound to confess, however, that they are not at all equal to the originals: in the coloring, especially, they are particularly deficient. This is to be ascribed to the infancy of the art in the West, and the almost impossibility of getting such a work properly executed. But we are pleased to learn that arrangements have been made in this city to have the coloring done in future by an experienced hand, and in a superior manner, so that copies which may hereafter be issued will approach the European edition in excellence. The remarks and observations of the Editor, although not numerous, are apposite and well expressed, and afford creditable evidence of judicious reading and reflection.

*Transactions of the New York State Medical Society,
Albany, 1845.*

Our brethren of the State of New York enjoy a great advantage over those of our own and most of the other states of this Union, in their regular organization into Societies in every county, and in the representation of these in one great central or State Society—a regular federal and representative system. By this arrangement, many advantages are gained to the profession, and, consequently, to the community. By bringing together gentlemen of the same profession from distant parts, acquaintances are begotten, friendships are formed, comparisons of views on interesting points of practice and general policy occur, and in many ways, we can conceive, benefit is derived. Certainly, union and harmony are promoted among an influential part of the community, whose education, interests, and honour, declare that there ought to be no schisms among them. Nothing so effectually removes unfounded prejudices and abates personal hostility as direct personal communication. The examples and the sentiments, which are presented under favourable circumstances of association, incite to greater respect for the profession and increased zeal in the promotion of all its interests. “As iron sharpeneth iron, so doth the countenance of a man his friend.”

The organization of the physicians in our sister state, we presume, grew out of the legislative enactments for the prevention of quackery; but now that all restrictions are removed, and every man is allowed to practice and collect fees, without regard to his qualification—or rather, without any qualification, (except for obtaining fees,)—we are gratified to find that they are determined to continue their associations; satisfied, from past experience, that benefits accrue from such combinations which no Legislature, however disposed, can prevent or take away. The report of the Transactions of the State Society, now before us, is the first that has occurred under the new order of things, and shows very plainly that a spirit exists among the members that requires no legislative dry-nursing for its support.

Beside the usual lists of members and officers of the State and County Societies, resolutions and other proceedings, it con-

tains the annual address of the President for the year, Dr. Joel A. Wing, and of the Presidents of several County Societies, besides some original communications on medical subjects, one of which we have transferred to our *Record*. We find, also, the law of the State, passed May 6th, 1844, repealing former laws relating to the practice of Physic and Surgery. It consists of five sections; the two first of which repeal the previous enactments that prohibited any person from practicing and demanding fees without license. The remaining sections are as follows :

§ 3. No person shall be liable to any criminal prosecution, or to indictment, for practising physic and surgery without license, excepting in cases of mal-practice, or gross ignorance, or immoral conduct in such practice.

§ 4. All and every person, not being a licensed physician, who shall practise or attempt to practise physic or surgery, or who shall prescribe for, or administer medicines or specifics to or for the sick, shall be liable for damages, in cases of mal-practice, as if such person were duly licensed to practice physic or surgery.

§ 5. Any person, not being a licensed physician, who shall practise or profess to practise physic or surgery, or shall prescribe medicines or specifics for the sick, and shall, in any court having cognizance thereof, be convicted of gross ignorance, mal-practice, or immoral conduct, shall be deemed guilty of a misdemeanor, and liable to a fine of not less than fifty dollars, nor not exceeding one thousand dollars, or imprisonment in the county jail not less than one month, or exceeding twelve months, or both, in the discretion of the court.

Although by this legislative act all restrictions are removed, and every one is allowed to engage in the practice of medicine and surgery that may choose to do so, it will be seen, that ignorant and incompetent individuals are liable, so far as the law goes, to be held to a severe accountability. This would be quite sufficient, and in theory is all that can be desired, if it were possible to carry it out fully and fairly in practice. But who is to prosecute? Few disinterested people will be found willing to take the trouble; and if physicians engage in it, the cry of persecution from the knaves who are interested will effectually paralyze their efforts. So that, on the whole, it is likely little good will result from these salutary provisions, and the whole matter must be left to the discretion or the fears of those who

have occasion to employ medical aid. Nothing is clearer to our mind than that physicians should be careful not to interfere in a matter in which they are likely to get no thanks, but leave quacks and their employers to their own folly.

Manual of Orthopedic Surgery, being a Dissertation which obtained the Boylston prize for 1844, on the following question: "In what cases and to what extent is the division of Muscles, Tendons, or other parts proper for the relief of deformity or lameness?" By JACOB BIGELOW, M. D. 8vo., pages 211, with several plates. William D. Ticknor & Co., Boston; 1845.

In this work the author has given an account of the various operations, instruments and means employed or proposed, in "*Strabismus, Stammering, Tenotomy, Club-foot, Torticollis, False Anchylosis of the Knee-joint, Ricketty Knees, Permanent Flexion of the Hip-joint, Anchylosis, Lateral Curvature of the Spine, Contraction of the Hand and Fingers, Congenital Dislocations, Recent and Chronic Dislocations, Section of Muscles in Locked-jaw, Subcutaneous Section of the Orbicular Muscles,*" and an *Appendix*, containing directions for taking casts in plaster.

This is a neat little book, both as regards its literary and mechanical execution, and we are persuaded it will be received by the profession as a concise and useful manual on the subjects it embraces. In the hasty glance we have been able to give it, however, we have been particularly struck with two circumstances; viz. the singular avoidance of the points contained in the question submitted for the prize, and the almost total neglect of every thing *American*, relating to the subjects on which the book is written. The latter is the more remarkable, because not only have many of the operations treated of been performed by several of our own surgeons, of which accounts have appeared in the Journals, but details of many of them are contained in Reese's edition of Cooper's Dictionary, and likewise in the appendix to Mott's edition of Velpeau—works which could hardly have escaped the attention of so well read a physician as Dr. Bigelow, particularly when preparing a work on an interesting branch of modern Surgery.

The Dispensatory of the United States of America. By GEORGE B. WOOD, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania; one of the Physicians of the Pennsylvania Hospital, &c. &c.; and FRANKLIN BACHE, M. D., Professor of Chemistry in Jefferson Medical College of Philadelphia; one of the Vice Presidents of the American Philosophical Society, &c. &c. Sixth Edition, carefully Revised. Philadelphia, Grigg & Elliot, 1845.

Of the general excellence of this work it is scarcely necessary to speak. It is so extensively known to the physicians and pharmaciens of this country, and has received such substantial evidences of their approval, as to leave no doubts as to its merits. No other work relating to medicine, in this country, or perhaps in any other, has passed through so many large editions in the same space of time, or received more universal commendation. The natural and commercial history of the various articles of the Materia Medica, their pharmaceutical preparation, doses, modes of administration, chemical properties and incompatibilities, are all set forth with great clearness and accuracy. The pains taken with former editions, and the short period of time which has elapsed since the publication of the last or fifth edition, (less than two years,) have left the authors comparatively little to add in the present. They have been careful, however, to select and condense from the periodical journals, every thing of value which came within the scope of the work, not embraced in the last edition; so that the present may be regarded not only as a full and clear exposition, but as the *latest* account of the various articles and processes to be sought for in a work of this kind.

Another subject of praise is to be found in the mechanical execution of this large volume, which accords well with its contents.

Copland's Dictionary of Practical Medicine.

Some months ago, we noticed the intended re-publication of Dr. Copland's Dictionary of Practical Medicine, by the Messrs.

Harpers of New York, to be edited by Professor Lee, and the successive appearance of the *four* first numbers. Not having received any numbers since then, we have made inquiry, and find that the work has progressed as far as the publication of No. IX. Of the subjects embraced in these later numbers, and the amount of the editor's additions, we are of course unable to speak.

THE MEDICAL EXAMINER.

PHILADELPHIA, JULY, 1845.

NEW MEDICAL JOURNALS.

If the amount of medical intelligence disseminated in the form of books and journals be any indication of the reading habits of the physicians of a country,—and we think the inference is a fair one,—the profession in the United States is entitled to the greatest praise. In no other country in the world, in proportion to the population, are so many and excellent books published on the various branches of the science. In this respect, too, we are eminently eclectic. As remarked of us by a transatlantic cotemporary: “No sooner is a work of merit, or one from an author of reputation ushered into the world, than forthwith it is disseminated throughout the length and breadth of the New World.” In the number of medical journals, we are in a fair way to exceed, not only any but all other nations put together. Already we can boast at least a dozen; and instead of every *lustrum*, almost every *lunation* brings us a new one. That all are adequately supported, we will not pretend to say. Some, doubtless, owe their existence less to the demand of readers than to the zeal of their projectors, who “persecute time with hope,” and, perchance, “find no other advantage in the process, but only the losing of hope by time;” but, there are others again, whose well stored pages and lengthened existence leave no room to doubt that they are welcome visitors to extensive circles of subscribers. Very recently, three new aspirants have appeared, one in Canada, and two in the United States. The

date of their several beginnings is in good keeping with the "go-ahead" spirit manifested in all American enterprises. They commence not with the first, the middle, or the end of the year; but, regardless of times and seasons, they "construe the times to their necessities," and start off, each at its own appointed time—one in April, one in May, and the other in June of this present year. The first of these in the order of time as well as of magnitude, is "THE BRITISH AMERICAN JOURNAL OF MEDICAL AND PHYSICAL SCIENCE," edited by Archibald Hall, M. D., printed and published by John C. Becket, Montreal. Each number contains "forty-eight demi-octavo pages of closely printed matter," and is issued monthly, at three dollars per annum. The objects of the undertaking are to aid in diffusing a knowledge of the facts and principles of Medical Science in the Provinces, and especially to afford a vehicle for the "valuable stores of information collected by the assiduous perseverance of scientific men" in that interesting region.

Numbers *one*, *two* and *three* (for April, May and June) which we have received, are well stored with valuable matter, original and selected, and afford promise of the Journal being a spirited and well conducted publication.

THE MISSOURI MEDICAL AND SURGICAL JOURNAL, edited by R. F. Stevens, M. D., and published at St. Louis, Mo. The first number of this new auxiliary was issued on the First of May, and the publication is to continue regularly on the first of every month, each number containing "twenty-four pages, closely printed." "The subscription will be two dollars per year, payable always in advance."

The number before us contains several original articles by physicians of St. Louis, beside selected matter, forming altogether a respectable journal.

THE BUFFALO MEDICAL JOURNAL." This is published at Buffalo, in the State of New York, and is edited by Austin Flint, M. D., a name not unknown in the journals of the country. The first number bears date on the first of June, 1845, is in octavo form, and contains twenty pages of original and selected matter. The specimen before us is creditably got up, in matter and manner, and promises well for the interest and instruction of its patrons. To one and all of these, our new cotemporaries, we cheerfully extend the right hand of fellowship, and in the honorable and useful task of disseminating medical knowledge, bid them God speed!

NATIONAL CONVENTION OF PHYSICIANS.

In the transactions of the New York State Medical Society, we find the following in reference to a National Convention.

The following preamble and resolution were presented by Dr. Davis and adopted, and Drs. Davis, McNaughton, and the Secretary, Dr. Van Buren, were appointed a committee to carry out the proposed measure.

Whereas, It is believed that a National Convention would be conducive to the elevation of the standard of medical education in the United States, and

Whereas, There is no mode of accomplishing so desirable an object, without concert of action on the part of the medical societies, colleges, and institutions of all the states. Therefore,

Resolved, That the New York State Medical Society earnestly recommend a national convention of delegates from medical societies and colleges in the whole Union—to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble.

This is an important movement, and one which we have long desired to see. We call to it the early attention of those who honor us by reading the pages of the Examiner, that they may reflect and be prepared to act upon the subject when the proper time arrives. On another page we have hinted at some of the benefits that accrue from such association, and we will now only add the expression of our conviction, that whatever it is desirable to accomplish by way of reform in the practice of medicine, must be achieved by the moral influence of the members of the profession, and not by legislative enactments; and this moral influence can be rendered vastly more effective by comparison of sentiment and unity of action among those who feel an interest in the subject.

TRANSYLVANIA UNIVERSITY AND THE NAVY.

An article appeared in the *New York Herald* of the 17th of April last, purporting to be a letter from a Washington Correspondent, containing the following statement:

"It is a remarkable fact, mind that, a remarkable fact, that at the last examination of applicants for the appointment of Assistant Surgeons for the Navy, out of thirty examined, only sixteen were found qualified, and that the fourteen rejected as incompetent, were graduates of the Medical College of Lexington, Ky., and Cincinnati, Ohio. Pray, Drs. Dudley and Locke, how is this? Is it possible your Professors award diplomas initialized M. D., to green-horns, not even qualified for Assistant Surgeons in the Navy? Look sharp, gentle-

men, look sharp, or the Louisville College will carry off the premium."

Immediately on the appearance of this slanderous charge against these respectable institutions, one of the Transylvania professors addressed a letter on the subject to Dr. Barrington, a member of the Navy Board, and received the following reply, which we have much pleasure in copying.

PHILADELPHIA, April 21st, 1845.

SIR:—I have this day received your letter of the 15th inst., proposing the following queries, viz:

"How many candidates for examination for the place of Surgeon or Assistant Surgeon in the Navy, have you known to have reported themselves as graduates of Transylvania University!"

"How many of the same have been found unqualified?"

It gives me pleasure to state, in reply, that of the candidates for admission into the Medical Department of the Navy, rejected by the last Board of Naval Surgeons, not one was a graduate of either Lexington or Cincinnati. Nor has any graduate of the Transylvania University yet presented himself before any Board of which I have been a member.

I am, very respectfully,

Yours, &c.

SAMUEL BARRINGTON,
Surgeon U. S. Navy.

To THOS. D. MITCHELL, Prof. Mat. Med. and Therap. Transylvania University.

RECORD OF MEDICAL SCIENCE.

Case of Lithotomy in the Female, with remarks; reported by A. BAKER, Jr., M. D., of Norwich, Chenango County, N. Y.—Mrs. N——, of New Lisbon, Otsego county, N. Y., aged forty-nine, had been laboring under symptoms of urinary derangement for the last thirty years. I first saw her in company with Dr. Henry Mitchell, on the 5th of February last. On our arrival she was in bed, with her face downwards, supporting herself on her hands and knees—when she gave us the following history. About thirty years ago, she was attacked with an urinary difficulty, characterised by frequent calls to micturate, pain in voiding the urine and a continual sense of irritation about the neck of the bladder. After rest, and taking diuretic medicines, she obtained partial relief, but from that time to the present she has hardly been free from irritation of those parts, at times very severe. About eleven months ago, her symptoms became very much aggravated, her calls to micturate much increased in frequency,

and the pain, particularly at the close of the operation, very severe. She was now unable to relieve the bladder except in certain positions of the body, and that in the one already described, namely, on the hands and knees. For the last six months she has not left her bed without help, and even then, under the most excruciating pain, and her position in bed has been almost exclusively confined to her hands and knees. She now voids her urine in a few drops at a time as often as four or five times an hour, and labors under continual irritation and pain. The urine on examination, was largely mixed with blood and mucus, which she informed us had been almost constantly the case for nearly a year, though materially increased for the last six months. She still continues her menstrual evacuations with considerable regularity. Her bowels, though inclined to costiveness, generally yield to mild laxatives and regular diet, her pulse about eighty-five, irritated but not hard, her appetite and digestion tolerable, the respiratory organs in good condition.

Under this state of symptoms, we of course had no hesitation in pronouncing it a probable case of stone in the bladder. Fortunately in this we have a sure means of diagnosis, that does not pertain to many other departments of surgery. The sound was introduced and the presence of stone clearly indicated. It may not be improper here to give a description of the condition of the parts. The urethra, including the meatus urinarius and neck of the bladder, was in a highly irritable condition; so much so, that notwithstanding the utmost caution in introducing the sound, it gave her great pain. The neck of the bladder was so very sensitive that she could not be prevailed upon to change her position from her hands and knees during the operation of sounding. This position, with her shoulders lower than her hips, dropped the stone below the axis of the sound, so that in this position it could not be felt. We therefore elevated the shoulders with the greatest caution, which brought the stone in reach of the sound, hence the case presented itself in its true character.

Next for its removal. It is well known there are two *principal* operations for extracting the stone from the female bladder, viz: by dilatation of the urethra and neck of the bladder, or by incisions into the same structures. The former of these was judged to be impracticable from the extreme irritability of the parts. As her catamenial return was expected the following week, and as the parts were at present so exceedingly irritable, it was thought prudent at least to defer the operation. We accordingly put her under the free use of the carbonate of soda, and advised the topical use of anodyne fomentations, together with a daily introduction of the catheter, with the view of controlling the high sensibility of the parts.

On the 20th of February, we visited her again. She had been through the catamenial flow—had taken the soda—had used the fomentations, but the catheter she had not been able to use on account of the acute sensibility of the urethra. She was able to change her position a little more than on the former visit, for instance, she could lie on her back for a short time.

Operation.—She was placed on the table and secured in the common way. A straight grooved staff was introduced through the urethra and the stone felt with the beak of the instrument. The incision was now commenced by dividing the urethra half an inch posterior to the meatus urinarius with a sharp pointed bistoury, into the groove of the staff. The beak or probe-point of the lithotome knife was introduced through the opening thus made in the urethra into the groove of the staff and pushed forward along the groove, in a direction obliquely outward and downward, until it penetrated the bladder and the incision continued until of sufficient size to admit the forceps. The knife was now withdrawn and the forceps introduced. A stone about the size of a nutmeg was grasped and drawn out. The search was resumed and another stone secured and removed, and so on to the number of ten, varying very little in size. No more stones being found, the bladder was faithfully washed out with warm milk and water and the patient put to bed. She bore the operation well and expressed herself as being freer from pain than she had been in six months. She could now lie on her back or any other position that was proper. We found the walls of the neck of the bladder very much thickened. This was probably the result of the long continued irritation from the friction of the stones.

The after-treatment consisted in mild diet, gentle laxatives, diluents and fomentations and at the end of two days the introduction of the catheter, which was suffered to remain for two weeks, with the exception of its being occasionally removed for the purpose of cleansing. At the end of this time the wound was found to be nearly healed and the catheter was permanently removed. After the removal of the instrument she was able to retain her urine for two hours or more, and exercise full control over its evacuation. Nothing of an unpleasant character occurred till a day or two previous to the removal of the catheter, she swallowed by mistake about two drams of tartaric acid supposing it to be Rochelle salts. This produced severe gastric disturbance, consisting of flatulence, nausea, vomiting, &c. The severity of these symptoms, however, was soon allayed and she continued to progress in the most favorable manner so far as the urinary difficulty was concerned. Her digestion, however, continued weak, her nervous system became irritable, her nights restless, her mind despondent and foreboding and at the end of about three months, she detected a white sediment in her urine. This increased her alarms and apprehension of a return of her former difficulty. She finally voided, with considerable pain, a crystallized white mass of some fifteen grains weight and irregular form. This she sent to Dr. Mitchell and myself for our examination and advice. We found on analysis it consisted of the triple phosphate of magnesia and ammonia, whilst the former *calculi* consisted mainly of lithic acid. We attributed her present sufferings together with the deposition in her urine to weakness of digestion and general nervous irritability. We therefore advised opiates, tonics and exercise and a more nutritious diet as soon as

her stomach would bear it. Under this treatment she soon improved, and the deposition in her urine ceased.

During the presence of a deposite in her urine, she was annoyed with more frequent calls to micturate, yet even then she had full control over the evacuation to retain it and pass it at will. From this time her general health steadily improved and she is at this time, as I understand, in the enjoyment of very good health and able to retain her urine the ordinary length of time, and is not at all troubled with incontinence.

The satisfactory result of this case is to be attributed fully, as I think, to the mode of performing the operation, namely, to leaving the meatus and anterior portion of the urethra undivided. Where dilatation of the urethra is practicable, it should undoubtedly be chosen as the simpler method, but even in *this*, incontinence of urine is a frequent consequence. Unfortunately, however, in the majority of cases, especially those of long standing, there is so much irritability of the parts as entirely to preclude the success of this operation. Such was the fact with the case under consideration. It is well known to the profession, that the common operation of lithotomy in the female, namely, of dividing the urethra its entire length is almost invariably followed by incontinence. Such at least appears to have been the experience of Sir Astley Cooper, both in his own operations, and those he witnessed in others. He holds the following language in relation to this operation: "In all the cases of this operation that I have performed or witnessed, the urine has not afterward been retained, but I would not deny that a patient might recover the retentive power. As the loss of retention is a greater evil than I can describe, producing excoriation and a very offensive state, I shall in any future operation of lithotomy, try what may be effected by employing a suture to bring the divided parts together."

Such seems to have been the experience of one of the greatest operators the world ever produced, and can men of less pretensions expect better results in the old way of operating. The advantage of leaving the commencement of the urethra uncut, will be apparent to every one, and of course needs no particular explanation. It at least acts the part of Sir Astley's proposed suture, without the risk of its irritating or being torn out, not to speak of the pain and difficulty of its application. The only precaution I consider necessary to secure its success, in addition to the common position and care, is the continued use of the catheter, to prevent the urine flowing through the wound. The two extremities of the wound being secured by natural structure, and the wound being kept free from urine by the use of the catheter, there is nothing to prevent its rapidly and permanently healing as in other parts. This operation so far as I know was originated by Doctor Mitchell.—*Trans. N. Y. State Medical Society.*

Case of Hydrophobia.—The following account of a case of this terrible disease, which recently occurred in this city, is given from notes which have been obligingly furnished by Dr. James P. White, the attending Physician.

The subject was Robert Ferguson, from Ireland, a blacksmith : aged twenty-eight ; had been a resident of Buffalo fifteen months : and during this time had had two or three attacks of intermittent fever of an ordinary character, for which he was attended by Dr. White.

April 21st. He sent word to Dr. W. that he had a recurrence of his old affection, (intermittent fever,) having experienced a distinct chill on that day ; and that he had pain and numbness in his left arm. He wished Dr. W. to send him some medicine. Dr. W. prescribed calomel and rhubarb aa grs. x. On the 22d, A. M., Dr. W. was requested to visit him. The pulse was found to be 100, and rather hard. No circumstances then indicated the specific nature of the disease. It was supposed to be, as the patient supposed, an attack of intermittent fever, with an unusual protraction of the hot stage, and accompanied with neuralgia of the left arm. The cathartic taken the previous night had not operated, and Ol. Ricini was directed.

The patient was seen in the afternoon by Dr. Clarke, who bled him $\frac{3}{4}$ xxx, and applied sinapisms to shoulder and spine. At this visit Dr. Clarke ascertained, that upon his attempting to take the oil in the forenoon, he was seized with a peculiar and distressing paroxysm. The oil was prescribed to him in water, and he was sitting on the side of the bed ; on taking it into his mouth, a small portion only, if any, was swallowed, the remainder was ejected with force ; and, at the same time, the patient, starting up from the bed, his countenance expressing remarkable agitation, and all the agony of suffocation, rushed with violence around the room, and, at length, plunged into the bed of a fellow invalid in another part of the room. He said the oil produced a distress, which impelled him to act as he did, and that he could not restrain himself.

23d, A. M., Dr. White being absent from town, he was again seen by Dr. Clarke,—Found he had been quiet for the most part during the night, but had not slept. Had made efforts to drink, but was unable. The attempt excited violent paroxysms, analogous to that of the preceding day, excited by the oil. Dr. C. diagnosticated Hydrophobia, and associated with him Dr. Wilcox. He had taken during the night, every four hours, powders composed of P. Dovers, grs. vi. ; Proto chlor. Hyd. grs. i. ; Tart ant. et Potas. grs. 1-6. These were taken mixed with a little stewed currants ; and were swallowed with considerable difficulty, by taking into the mouth very small portions at a time. There seemed to be a difficulty in bringing the morsels into the mouth. He would make several efforts before he succeeded, and, sometimes, give over the attempt, declaring that it was impossible. The difficulty appeared to consist in a premonition of laryngeal spasms whenever the attempt was made. When he, at length, introduced a portion into the mouth, he did so with a nervous rapidity, and, at the same time, made a quick and vehement effort of deglutition.

These powders were continued until noon, when he was cupped

freely over the cervical vertebræ; and the following prescriptions ordered; R. Ext. Stram. ʒi.; S. Morph. grs. ii.; M. f. pil. 12. One to be taken from one to four hours. R. Proto. chlor. Hyd. grs. ii.; Tart. ant. grs. 1-6; M. f. pil. 1. To be taken alternately with the preceding. At 5, P. M., seen by Dr. White, who confirmed the diagnosis. In the evening Dr. Hamilton was called in consultation. It was now ascertained that on the 15th of March last, he was bitten on the metacarpo-phalangeal articulation of the little finger, by a small dog, which came pursuing a cat into a house where he was sitting. He attempted to lay his hand on the dog's tail, when the dog turned, and bit him in two or three places, as just mentioned, and immediately disappeared, nor could he discover afterward whither he went, or whence he came. The wounds were about ten days in healing. It was, also, ascertained that for a week previous to the present attack, he had had pain between the shoulders, and in the arm. On the day before he applied for medicine, (21st,) which was Sunday, his arm and hand felt very cold, and painful, so that he remained at home, keeping the extremity warmly covered, the whole day. There was pain, also, in the axilla, and its neighbourhood. On the 21st, he went to work as usual, and continued working until noon, when the chill occurred, with increase of pain, and he went to bed.

It is important to remark, that although the patient answered various inquiries relative to the circumstances attending the wound, he did not suspect that any importance was attached to it, excepting as accounting for the pain in the arm. He persisted in referring the origin of his spasms to the oil, in connection with which they first appeared. He declared that it poisoned him, and, at his desire, it was examined, and found to have been taken from a bottle, the greater portion of the contents of which had been administered with no ill effects. The name of Hydrophobia was not mentioned to him, and he evidently had no idea of the nature of the disease under which he was labouring.

Dr. White states that the paroxysms were excited, at first, by the attempt to drink; afterward, by the sight of liquids; and, finally, when they were named; and that they resembled, but in a greatly exaggerated degree, the convulsive, sighing, respiration, occasioned by sudden immersion in cold water. The eyes assumed a staring expression, with the pupils greatly dilated. The expression indicated intense agitation and agony. The face became turgid and livid. These symptoms continued, more or less severe from five minutes to nearly half an hour. The intellect of the patient was clear; and the paroxysms seemed to be shortened by soothing management—encouraging him to exert himself to keep quiet, telling him he would injure himself, &c.

He succeeded in taking a little solid nutriment, but with great difficulty: tongue was white; fauces slightly reddened; sweating profuse; pain in arm, severe—complained throughout the disease of a benumbed sensation in the arm, but the sensibility and the power of

motion were not impaired. The cicatrix of the wounds had a dull, leaden colour. The respiration in the intervals was suspirious. Tendons of feet rigid. He complained constantly of intense thirst, but said he could not bear to think of drink. He attempted to suck an orange, but on receiving the juice into his mouth, spasms were excited which prevented him from swallowing it. He was observed to gape frequently. His mind was very irritable; and he was constantly in motion, changing his position, pulling the bed clothes, &c. His countenance had an indescribable wildness of expression.

The treatment directed on the evening of the 23d, was as follows:—
 R. Proto-chlor. Hyd. grs. xx.; Sulph. morph. grs. i.; P. Dov. grs. xx.; m. ft. Pulv. iv.; one every four hours. R. Ung. Hyd. $\frac{3}{4}$ i.; Prot. iodide Hyd. $\frac{3}{4}$ i.;—Rub into axilla and arm, Emp. Cath. to cervical and upper dorsal region.

24th. Had taken three of the above powders during the night. The paroxysms had recurred as before, when he saw liquids, and finally without. Continued conscious until three or four this morning, and died tranquilly, at 6 $\frac{1}{2}$, A. M. Made frequent efforts to vomit during the night, accompanied with severe spasms. His friend had remarked that he looked strangely on the afternoon of the day when he gave up work, and he took no drink after that time. It is to be added, that tenderness existed, at the first, over the cervical vertebræ, which led to the cupping on the 23d.

The utmost persuasion could not induce his friends to permit an autopsical examination.—*Buffalo Med. Journ.*

Notices of the Lunatic Asylums of Paris, &c. In a letter addressed to JOHN FORBES, M. D. F. R. S. By JOHN CONOLLY, M. D. Fellow of the Royal College of Physicians, Physician to the County Lunatic Asylum at Hanwell.

CHARENTON.

The French physicians begin their labours at an early hour; and at eight o'clock on a fine morning in November I had the pleasure of accompanying M. Foville to the celebrated asylum of Charenton, situated a few miles east of Paris, on the elevated bank of the Marne. Sixteen years before, I had visited this asylum, of which Esquirol was then the chief physician. He succeeded the eminent Royer-Collard. The appointment was offered to Pinel in 1797, when Charenton was opened as an asylum for the insane; but he could not make up his mind, Esquirol says, to leave his poor patients and his pupils at the Salpêtrière. M. Royer-Collard was succeeded by Esquirol, at whose death M. Foville was appointed. Thus to revisit the same place, after even the short interval of a few years, is to become more sensible of the gradual changes which time is always effecting; of the removal of individuals, and the onward progress of all those works which successions of individuals are ordained to accomplish. Esquirol has been removed from the scene of his great and useful exertions; but the asylum to which fourteen of his latest and most experienced years were devoted is undergoing that entire renewal for

which he so anxiously wished. Old and inconvenient structures are disappearing, and new and elegant buildings are in progress which almost assume the character of grandeur. Whilst these alterations afford opportunities for numerous improvements, both in the construction of the asylum and the management of the patients, strikingly conspicuous at present, when a part of the old building still remains, it is questionable whether so great an expenditure as is now incurred should have been applied to a building in such a site; the surrounding ground, although the asylum is on an agreeable eminence, being rocky, precipitous, and unfavorable to the formation of airing-courts, or obtaining space and productive soil for gardens affording recreation, or fields furnishing employment. These natural inconveniences are alluded to in M. Esquirol's description of the new part of the asylum on the female side, completed in his time, and which have still very great advantages over the older parts of the building. The attempt to adapt the buildings of old religious houses, fortresses and prisons, to the purpose of an asylum, is usually unsuccessful. In the case of Charenton, formerly a religious house, this was from the first detrimental to the old plan, and an adherence to the same locality seems to be almost equally so to the new.

The disposition of the older parts of the asylum of Charenton is so extremely irregular as to defy intelligible verbal description; that of the new, but yet unfinished part, appeared to have the general character of several detached quadrangles or courts, built on each side of a central church of Greek architecture. The material is a beautiful stone. On three sides of each of these courts or quadrangles are handsome buildings of two floors, and on the third side, to the south, a lofty iron railing, through which is obtained a fine and extensive prospect. This noble institution is chiefly destined to the reception of patients of the educated classes of society, or of the middle classes; literary and scientific men, artists, merchants, ecclesiastics, officers of the army and navy, persons in public offices, or their wives or children, when affected with insanity. They are received at different rates of payment, principally in three classes; and some, nominated by the Minister of the Interior, are admitted gratuitously. The annual payments range from 720 to 1300 francs per annum. Some patients are placed in the asylum at reduced rates of payment, also on the recommendation of the Minister of the Interior, and pay only one half or one third of the usual charge. For these an annual sum is paid out of the public fund, by the government. Fourteen beds are reserved for the pauper lunatics of the canton. At present the number of patients is about 450; but with the new buildings a considerable enlargement is contemplated, a circumstance certainly to be regretted. The general adaptation of the building is suitable to those intended to inhabit it; but although its character, taken altogether, and its fine situation are striking, the appearance of the square courts affects the spectator unfavorably; they are extremely clean, and command fine prospects, but are not sufficiently spacious entirely to remove the idea of a prison, derived from the elevated and appa-

rently inaccessible situation of the asylum. I found such to be the impression made on the Parisians, and it is, perhaps, disadvantageous to the institution. All the interior arrangements are, however, most unobjectionable. The single rooms for patients, of which there are many, are of good size, excellent height, have large cheerful windows, and are comfortably furnished. The number of large dormitories appeared to me to be very small in proportion to the single rooms, at least in the new building; and I think M. Foville scarcely participates in the general partiality for them which prevails in France. In different parts of the asylum, the furniture and arrangements of the rooms are of course various; but there is great comfort throughout all those of recent construction. The apartments for several of the patients have a small room attached to them for an attendant; and I was glad to see that these were neither dark nor inconvenient, as is too generally the case in the older asylums, in which the attendant received no consideration. The truth slowly makes its way that good attendants make good patients; and that the way to make good attendants is to choose respectable persons and to make them comfortable. The importance of this very simple truth in asylums is immense. In all the French asylums, the beds are worthy of admiration. At Charenton almost all the bedsteads are of iron. The diet, varied according to the habits of the patients, is abundant and excellent. Patients of a certain rank dine with the director, or in their own apartments. All the patients are neatly and becomingly dressed in clothes provided by their friends. The military and naval patients receive clothing from the establishment. Great order and exactness characterizes all the arrangements relative to these matters; but they are too many for detail: although, like everything in this well-governed institution, deserving of the utmost attention from the directors of similar establishments.

As many or most of the female patients at Charenton are gentlewomen, and many of the men are old officers, or persons accustomed to the various impressions of social life in classes enjoying a certain degree of comfort, a great variety of resources becomes not only available in their treatment, but necessary. Among the women, all the kinds of needlework form a large part of their daily occupation; but reading, and drawing, and music contribute to diversify their time. Gardens and terraces of considerable variety and beauty offer them inducements to take exercise out of doors. Among the men, reading and writing are the most prevalent modes of employing themselves; music and billiards are among their amusements. Many, as in all asylums, prefer walking about to any occupation. Some of the most tranquil women were in large and comfortable day-rooms, in which there were several tables and chairs; but they seem, as usual with the insane, to lead an isolated life; many living much in their rooms, and few appearing to associate intimately with the rest. Most of the men seemed to live much alone, and the apartments of some had the air of a quiet study or bureau, in which our visit created a kind of temporary interruption. Patients of the higher classes fall

most easily into a monotonous course of life when insane; and the most active ingenuity of a director can scarcely redeem them from it. In one room, used as a school-room, a patient was acting as school-master or lecturer to the rest; demonstrating the situation of various countries on a large map, which he did quite correctly, although with occasional hesitation; and it was interesting to notice his successful struggles now and then to deliver himself from some difficulty of expression, or some temporary forgetfulness, or some transient confusion in his thoughts.

Every evening some of the patients, named by the physician, and usually including the convalescents, are assembled in a kind of a common room, or *salon*, for the sake of society and social enjoyments; some of the officers of the asylum being always present. Something of this kind is much wanting in almost all our large English asylums. The opportunities and advantages of such recreation are too rare; for their effects when enjoyed are very remarkable and evidently salutary. Constant work and formal discipline, transferred from prisons and work-houses, cast a gloom over many patients and create much avoidable discontent. It seems to be forgotten that most of the minds to be dealt with in asylums are *spoiled* for continuous application, efficient labour, or invariable order and propriety; and scarcely less forgotten that many require to be roused into a capacity for exertion, rather than to be stimulated to exert themselves regularly. Many young patients, especially, are to be noticed in the wards of asylums, of whom the history is, that after a short attack of maniacal excitement, they have become listless, apathetic, and indolent; but these patients understand everything that is said to them, and many of them are neither affected with delusions or bewilderment of mind. The brain seems to have lost much of its energy; and their tendency is towards total imbecility. Such patients are unwilling, generally indeed unable to work; and therefore they fall into disfavour with all but medical observers. Under an austere system they perish; falling gradually into fatuity or dementia. They require encouragement; and for them cheerful recreation, frequent amusements, various exercise, mingled often with kind remonstrances, are remedial. They are more benefitted by drawing, music, and children's games, than by medicine. Among patients of a higher class, as at Charenton, social appliances become of wider applicability. In these attempts, however, as in the whole treatment of insanity, a moderation must ever be preserved. Lunatics bear no violent impressions with benefit, or even with impunity. The appliances should be very frequent; but never long continued, and never excessively exciting.

M. Foville's writings on Insanity and on the Nervous System are so well known in England, that it is scarcely necessary to say that he is a physician of great powers of observation and reflection, anxious for every improvement, but careful of hasty innovation, and habitually exercising an accurate judgment on whatever falls within the department of medicine in which he is now so experienced. The annual Reports of Charenton, presented to the Minister of the Interior, are

not published ; a circumstance which probably deprives the public of some of those fresh and valuable impressions suggested in the constant attendance of a physician in an institution presenting a large and interesting field for observation ; and the value of which might be gathered even from the casual remarks made by this accomplished physician in the course of the long morning visit in which I was permitted to accompany him. His general treatment of his patients appeared to me to be essentially the same as that adopted by English practitioners in mental disorders ; consisting of means of regulating the functions of the digestive organs and the skin, equalizing the circulation, allaying nervous disturbance, and soliciting a renewal of natural cerebral exercise. In his intercourse with his patients he is extremely mild, composed, and judicious ; never attempting too much at once, or endeavouring to force powers that require considerate direction rather than stimulus ; and evidently doing only what he considers to be really useful, and nothing from ostentation. Thus M. Foville does not assume the office of lecturer as he goes his rounds, or make the least attempt to convince the visitor that he is enjoying a great privilege. But the whole demeanor of a sensible physician when he goes through the wards of an asylum is instructive ; everything has its meaning and its object. Vivacious visitors too often forget this ; talk too much, suggest too hastily, discuss too earnestly, and observe too little ; oblivious that the physician is actually applying various proportions of mental remedy at every step. I need scarcely say that in my capacity as a visitor I was careful not to err in this way.

It appeared to me that M. Foville was particularly observant of the general character, temperament, and configuration of his patients, and, although a very guarded phrenologist, had paid more than common attention to the relations of the skull to the developement of the principal divisions of the brain. His anatomical researches and views respecting the physiology and pathology of the cerebro-spinal system have lately been given to the public in a valuable Treatise, reviewed in your Twenty-fifth Number, and of which it is unnecessary for me to speak further. M. Foville has made curious and, I believe, original observations on the shape of the ear in different forms of insanity, and has noticed an analogy or resemblance between the developement of different portions of this organ and the brain of the patient. Of these views he was so obliging as to give me some explanation, illustrated by an extemporaneous diagram, and afterwards by corroborative examples. In some of the cases of dementia, or of the lowest degree of intelligence, the flatness and defective form of the helix, anti-helix, and tragus, and the disproportionate enlargement and pendulosity of the lobe of the ear, and rounded clumsy shape of the outer edge of the auricle, were very striking. Subsequent observations have led me to believe these views to be exact as well as curious ; and they exemplify the abundance of eternal evidence available to the physician in relation to internal disorder. The diagnostics of Lavater fell into discredit by their idle and hasty ap-

plication in the hands of his followers ; but there are remarks in that great observer's works, even on so minute a matter as the natural growth and disposition of the *hair*, of the value of which I have only become conscious since my own observations have been accidentally directed to the hair as one of the external characteristics of melancholia, mania, and imbecility. Those familiar with the patients of any asylum can scarcely have failed to observe how frequently the disposition of the hair during the whole of a long maniacal paroxysm receives a peculiar modification ; becomes raised, bristled up, *herissé*, and disordered beyond the control of comb or brush. The heavy masses of smooth hair in the melancholic must also have attracted attention. These characteristics are well portrayed, in some of the plates attached to Esquirol's work ; and also in a spirited engraving entitled 'Narrenhaus.' It is not necessary to magnify the importance of these things ; but they are not to be despised. They belong to the studies of which Celsus says, *adjuvant excitando artificis ingenium*. Not very long ago, M. Foville was called upon by an intelligent and philanthropic person, who appeared to take much interest in the management of lunatic asylums ; and he was greatly struck with a conformation of ears in this gentleman which he had never previously observed, except in cases of mental irregularity or disorder. I happen myself to know that the individual who was the subject of this observation has had several attacks of insanity ; and although now at large, and exhibiting considerable mental activity, has repeatedly been in confinement ; circumstances of which M. Foville had no knowledge when he remarked what seemed to him to be an anomalous peculiarity.

I did not see at Charenton any cases of an actual disease of the external ear which seems to be especially if not exclusively allied with cerebral disorder, being perhaps only observed in the insane. It consists of general but not acute inflammation, and slow enlargement by thickening and effusion, of the whole of the outward ear ; sometimes attended with much suffering ; often becoming mitigated and then renewed, and never wholly removed, but not affecting the sense of hearing, except by mechanical obstruction of the meatus. There are always some examples of this affection at Hanwell, chiefly among the male subjects ; but it cannot be clearly associated with any one original form of disease of the brain. It is allied in one case with epilepsy and weakness of the mental faculties ; in others with general paralysis, and the incoherence consequent on mania ; in others with confirmed dementia.

At Charenton, as in all large asylums, there are many examples of the form of paralysis, first fully described by M. Calmeil, and now generally known to the physicians of such institutions, although little recognized out of them, and called *paralysie générale*. M. Foville does not appear to be at all more sanguine than myself with respect to the means of cure of this form of malady. Daily experience confirms my opinion that it is invariably connected with irremediable or-

ganic change in the membranes or substance of the brain, or with effusions too extensive to be removed.

There was more agitation in the wards devoted to the least tranquil of the female patients at Charenton than I had observed at the Salpêtrière; but no great violence of conduct or manner: one apartment only presented an unfavorable exception, an apartment belonging to the old portion of the buildings allotted to the most turbulent. In this room I was strongly reminded of what was once familiar to me at Hanwell. The room seemed on entering it to be filled with noisy voices. Four or five of the female patients were sitting in those heavy coercion-chairs which are now rarely to be met with; one was leaning back in the chair with an air of sullen depression, and quite silent, appearing, indeed, to be in a state of mere dementia. Two or three others were struggling and declaiming with great vehemence and loudness; and another was talking very volubly but with perfect good humour. I was in some degree prepared for this spectacle by having just read in the 'Quarterly Review' that M. Foville was opposed to the non-restraint system; a subject on which I had not heard his opinion. But still it appeared to me almost as shocking as if I had never witnessed such a scene before, and had forgotten the dangerous ferocity of the daily occupants of the old coercion-chairs at Hanwell, and the wild careering of patients bound up in strait-waiscoats, and the shouts, oaths, threats, and curses which used to greet us every morning in the refractory wards, until the abolition of violent methods of repression caused such scenes to be unknown, and any approach to them rare and of short duration. As M. Foville did not make a single remark on these cases, or on the subject of restraints, I felt it incumbent upon me to maintain an equal reserve. I recollected that when he visited Hanwell in 1840, the great experiment of dispensing with restraints there, although previously made at Lincoln, was only in the first stages of its progress, and embarrassed by great opposition and difficulty. I thought it probable that he might have read the recent Report of the Commissioners in Lunacy, in which circumstances were alluded to, calculated without explanation to throw discredit on the non-restraint system, as practised even now at Hanwell. Otherwise to a physician of so much good sense, and apparently so unprejudiced, I think I could have shown that no inconveniences were avoided by the restraints imposed on these poor women, which could not have been better obviated by less objectionable means; whilst some inconveniences were incurred by the use of restraints, that might have been advantageously and altogether avoided.

It appeared, from such inquiries as I had the opportunity of making, that in each of these examples of the use of the restraint-chair, the reason assigned was precisely similar to what is always alleged where restraints of any kind are still habitually employed. One patient would tear her clothes if at liberty; one would roll about the floor; one would break the windows; one would undress herself. Such reasons may surely be pronounced to be most unsatisfactory; each of these habits

admitting of no very difficult remedy without restraints; and the tumult, the discontent, the air of neglect, the bad smells, prevailing in this as in every room where restraints are often used, constituting evils far greater than those which it is employed to prevent. Almost when writing these observations I have before me a fine old man, formerly a soldier, and recently brought to Hanwell, as too many are brought, merely to die. Broken down in constitution by service in a bad climate, he became enfeebled in body and mind; but, as his poor wife informs us, he was cleanly in his habits, and able to move about until lately fastened down in bed for weeks in one of the houses in which restraints are yet used with impunity; since which time he has become unable to walk, is suffering from ulceration of the back, is unable to attend to cleanliness, and lies helpless on a bed from which not all our care will ever make him rise again. I naturally mention this case because I have just been grieved by the sight of it; but similar instances are continually presented to our attention.

As M. Battelle has been furnished, at his express request, with patterns and models of all our Hanwell devices for meeting every inconvenience without tying the arms and legs of our patients or shutting them up in chairs, I hope he will be able to convince the officers of the asylums over which his administration extends, of their efficacy as well as their simplicity; and that their own experience will soon satisfy them of their preferableness to violence in any form. They cannot but find, that if a patient tears her clothes, it is not impracticable to dress her in strong clothing, not easily torn. If bedding and blankets are destroyed, strong cases will protect them; which restraints do not. If a patient undress herself, the substitution of a small lock for buttons or strings, securing the dress at the neck or waist, and at the wrists, is readily accomplished and renders undressing impossible. Dresses of a peculiar form easily obviate the removal of blisters, dressing, &c., in cases requiring them, and remedy many inconvenient uncleanly habits. If some patients take delight in breaking windows, it is easy to guard such windows as are exposed to these accidents by wire-blinds of a light construction, between which and the windows plants may also be placed, and kept from damage. If they feel a wild gratification in rolling on the floor, it is easy to have a soft covering for the floor. If, more desperate, they would dash themselves against the walls, which they very rarely indeed think of doing, it is not difficult to pad and cushion the walls of their rooms. If they will not lie down, or if from epilepsy or weakness they fall out of bed, it is very easy to make the whole floor a bed, from which they cannot fall, or on which they can walk, without danger, until they prefer lying down. For all cases of extreme violence, seclusion, or free exercise with proper superintendence, are the only useful measures not strictly medical; if they fail to produce tranquillity, violent restraints will render it still more unattainable. There is no difficulty and no danger which may not be met by analogous contrivances, which have now been successfully used in several English asylums for some years. And the general results of these contrivances are, that the patients become calmer, more apt to receive

the impressions of all humane treatment; that the attendants do not become nursed in and inured to inhumanity; and that the *health* of the patients, and their cure, become the first considerations. They enjoy the free exercise of their limbs; and yet, in the end, fewer windows are broken; fewer violences of all kinds are committed; the fierce excitement of the wards disappear; the life of the lunatic is rendered more tolerable, and that of the attendants and officers less anxious.

All my remarks have sufficiently shown that I think the general treatment of the patients in the French asylums is kind and judicious; but on recalling what I witnessed, I feel impressed with an opinion that the practice of resorting to restraint is not without its usual influence on the physicians who do so, although they may be somewhat unconscious of it. The practice tends to deaden the feelings to the actual condition of the patient,—an afflicted, suffering person; weak, wayward, and indolent, perhaps malicious or vicious, and yet innocent; above all helpless and unprotected, except by the physician and those whom he employs. In illustration of this, I will merely mention that the use of baths of all kinds, but especially in their severest forms, is professedly resorted to as much and as often for a punishment as for a remedy. That the shower-bath and the douche have a moral, as well as a physical effect on an insane patient is undeniable; and that both are, in certain cases and with certain precautions, useful, with both these intentions, may also be granted; but it is no less certain, that to resort to either of them solely as a moral remedy, or as a means of repression, is a practice fraught with peril to the humanity of the practitioner, and liable to cruel abuse in the hands of his attendants. So used, it may become an instrument of torture, not a remedy; and instead of being employed to cure irritation of the brain, may be applied to subdue and alarm the obstinate or the frantic, and even to force a poor creature, whose energies are oppressed, to undertake the work only adapted to a healthy man. If the principle is once admitted that punishment and mortification are among the proper remedies for the insane, and that they ought to work, whether they work willingly or not, the austerity of cold and unfeeling officers will carry it to detestable excess. Combining it with the economy so important to all governing bodies which desire to conciliate the public, it becomes a pretext for lowering the diet, for neglecting the clothing, for withholding needful extras, except as the price of labor. For such offices, the effect of which is concealed, the officers of an institution may easily gain favour when really least deserving it. Certain it is, that the use of restraint seems, by some fatality, to be associated with innumerable negligences, of all which the patients are the victims. But much cold-hearted negligence, much severity even, may long and successfully prevail where restraints are ashamed to show themselves.

I must not, however, be unjust to Charenton, or to the asylums of Paris. When I recollect that in the Salpêtrière and the Bicêtre there are no resident physicians, the progress already made in abolishing restraints excites my surprise. Knowing the difficulties of the task, even to those constantly on the spot, I cannot sufficiently admire the cour-

age, as well as the humanity of those who make the attempt in asylums in which they can only spend a few hours in a week, and to which the resources of their minds, and the suggestions of their kindness, can consequently have but transient application. and with faint results. In all the English and Scotch asylums in which restraint has been wholly abolished, there has been a resident medical officer zealous for its abolition; ready at any hour to make a prompt investigation into all the supposed obstacles to its success, and enabled to counteract opposing and sinister influences. I do not think its abolition has been effected, on a large scale, in any other circumstances.—*Brit. & For. Med. Rev.*

Birth of Four Children.—A healthy, strong woman, ætat 35, after having had five children, became pregnant again, and this time her abdomen appeared to be of larger dimensions than usual. During the subsequent process of parturition, the waters were discharged sparingly; one child presented itself with the feet, and was expelled by the efforts of nature. Half an hour after, the birth of the second child began and was terminated in an hour. The third and fourth children (apparently still-born) speedily followed. The quantity of water discharged was about 2lb. After one hour and three quarters, four separate placentæ were expelled. These four children (boys) were all born with the feet foremost; they were all perfectly mature and well formed; they resembled each other, and performed their functions regularly. Their length averaged from 15½ to 17 inches, their weight from 3lb. to 4lb. They all died within the next five days, notwithstanding the greatest care was taken of them as regards their nourishment and preservation. The mother left her bed five days after delivery, and remains in very good health.—*Lond. Med. Times, from Prof. Pfau in Oester. Medic. Wochenschr.*

The History of a Human Anencephalus.—The following case confirms the existence of a system of excito-motory functions dependent on the spinal marrow, independently of the brain. A loaded cannon took off the head of the soldier who fired it; nothing was left of the face but the tongue and the lower jaw. The tongue was in violent convulsive motion, and the respiration deep, slow, and rattling. Both continued in this state for seven minutes and a half, when they became gradually slower and more rare, and ultimately ceased 15 minutes from the time of the accident. The whole brain (cerebrum and cerebellum) lay torn and scattered about; a few small pieces of the ossa parietalia were still hanging to torn pieces of the skin; the os basilare, with the foramen occipitale was still present, and showed the torn portion of the medulla oblongata.—*Ibid, from Dr. Schleifer in Oester. Medic. Wochenschr.*

On the Convulsions of New-born Children.—The author only treats of the epileptic convulsions (epilepsia eclampsia neonatorum, Meissner,) and not of involuntary movements of the muscles of the face, eyes, or extremities. Meissner believes these convulsions to be

rarely idiopathic, but most generally symptomatic, or reflex of diseases of the reproductive system. The observations collected in the Lying-in and Foundling Hospitals of Prague, led the author to the following results. Out of 2,500 infants only nine cases of well marked convulsions appeared, all of them caused by a derangement of the central nervous system. The disease might be regarded in almost all these cases as primary; but in two cases suppurative phlebitis umbilicalis seemed to be connected with the cause. In the other cases, hemorrhage was found to have occurred within the skull, or the cavity of the spinal marrow, on the *dura mater*, rarely between the membranes, and never in the substance of the brain. As regards the *causes* of the hemorrhage, nothing could be ascertained; neither difficult nor artificial labour, neither artificial nor natural birth, seemed to exert any influence. In all convulsions produced by affection of the brain, the temperature of the head was increased, the facial muscles distorted (as also in hydrencephalus,) and in two cases there was an erection of the penis; in convulsions, however, proceeding from affection of the spinal marrow, opisthotonos appeared, with contractions of the extremities; and increased temperature of the head was a later symptom, so that the seat of the hemorrhage may be presumed from these symptoms. The pulse could not be counted in any instance; the urine and fæces were rarely evacuated. The first attack never appeared before the second day after the birth, and one case only, on the 12 day, when the dissection distinctly showed that the extravasation of blood must have taken place several days before. [This shows that it is not every extravasation of blood that produces convulsions, but that it only favours convulsive tendency.] The paroxysms were repeated in some cases every three minutes, in others every hour. In the intervals, the children appeared in a state of stupor. The author did not see any child recover from real convulsions. The course of the disease was always very acute, varying from an hour to one or two days, when it invariably terminated fatally. A powerful antiphlogistic treatment seemed alone to have any beneficial influence—*Ibid*, from *Ibid*.

Foreign Body in the Rectum.—Mr. Blanchard, of Pimlico, in a communication which he has obligingly forwarded us, states that he was called to a man whom he found in a state of great prostration, and apparently dying; on recovering from which the man complained of agonizing pain about the anus, with which he was seized while at the water-closet, where he fainted. Mr. Blanchard examined him, and saw a piece of black thread about an inch long hanging from the bowel. On introducing the finger, he found a needle with its point downwards about three inches up the rectum sticking in the gut. He experienced considerable difficulty in extracting it, in consequence of its position, &c., but after repeated and careful attempts, succeeded, and found it to be a tailor's needle with about half a foot of black thread attached. Inflammation commenced in the neighboring parts on the second day, but by the application of leeches and other antiphlogistic means, the man got well in a week.—*Ibid*.

Sir William Burnett's Patent.—When chemistry was making those rapid strides which astonished the world, it was looked upon as an abstract science little likely to prove of essential service for the ordinary purposes of life. What a rapid change has a few years produced; it now is the general source to which we look for the improvement of every article necessary in the various branches of art. Scientific men employ the observations which they make in the laboratory, and render them subservient to our wants and wishes. Sir William Burnett having noticed the peculiar power of chloride of zinc in rendering vegetable fibre indestructible and incorrodible, quickly invented a process by which he is enabled to preserve some of the most important materials from the ravages of dry rot, from mildew, from the effects of the insects, and even from fire. He has given us means, whose efficacy daily experience approves, of preserving ships, sails, cordage from the destruction to which they were liable. His patent has been now some time in the hands of an association; and it has been found to surpass the sanguine expectation which had been formed. The process which is now at work on a large scale, both in her Majesty's dock-yard at Portsmouth and at Poplar, is most ingenious. The hydraulic apparatus is in both places well worthy the attention of those who are interested in the public advancement, as well as those whose interests are more immediately affected by the advantages which are to be derived from the ingenuity of the discovery. The vast mass of testimony of those, who under different circumstances have tried the process, is so directly in favour of it, that no one could hesitate in giving it a fair trial. The severest tests in our naval stations have shewn that timber, canvass, cordage, and woollen cloth impregnated with the neutral salt, the basis of Sir W. Burnett's invention, become so permanently changed, that they resist the ordinary causes of decay. The preservative power diffuses itself throughout the organic structure, in consequence of mechanical means, and articles properly prepared by it cannot be eroded by fungi, or acted upon by moisture. Some of the chemists who have examined materials submitted to its action, are of opinion that a permanent chemical union takes place between the organic fibre and the metallic base of the salt; fungous vegetation, so generally destructive, seems to be completely prevented by it; exposure to the action of the atmosphere does not in any way act upon substances which have been impregnated. In the trials made in the ships in the Pacific Ocean, the result has been most satisfactory; we learn from the proper authorities, that the sails of steam vessels, although exposed to the vicissitudes of alternate wet and solar heat, have required no repairs, and that even steam and smoke have had no influence upon sail covers. Vessels employed in trade, where heat and cold alternate, ought to adopt the invention which, in China and in Africa, has proved so serviceable. It appears that salt-water increases the efficacy of the solution. One most important fact is that, unlike some of the means which have been recommended for adoption, it is perfectly innoxious, that the most delicate are not likely to have their health at

all affected by it, so that it may be safely used in all steam-vessels, even where there may be collected together a large number of persons. The oxidation of metals is retarded by it, and some satisfactory experiments have shown that both copper and iron are less susceptible of rust. One of the advantages it possesses is that of rendering bilge-water less offensive. From all that we have learnt we have little doubt that it will be most extensively employed, and that the directors of railroads will be induced from the high character it has deservedly gained, to use on railways a process with which they cannot fail to be satisfied.—*Ibid*, from *Polytechnic Review*.

Case of Purpura Hæmorrhagica, by JOHN BARCLAY, M. D., of Leicester.—On the 23rd of last April I saw, accidentally, with Mr. Buck, (who kindly permits the publication of the following notes,) a Union patient, to whom he had just been summoned.

Mary Johnston, aged 11, a fair and stout child, living in a low situation, and in a neighborhood where some cases of small pox, and a good many of the worst form of typhus, were then occurring. She had been ailing for four or five weeks, and had kept her bed for ten days, having been prescribed for by an irregular practitioner. She had complained of headache and thirst; and the bowels had been opened by medicine. About one, p. m., of the preceding day, (Tuesday,) she began to bleed at the nose and lips; and on Wednesday morning vomited a quantity of dark blood four or five times. (The mother states there was about a teacupful each time.) She had also had three copious and most offensive stools that morning, consisting of black clotted blood.

At eleven, a. m., we found the patient pale, but with a flush on the cheek; skin very hot and harsh; breathing rapid: pulse 140, small and compressible; the tongue bloodless, and furred at the back part; and the abdomen tympanitic. The blood was draining down in a small continuous stream from the nostrils, as she lay on her back; and on the arms, thighs, and abdomen, were many small spots of purpura, very beautifully marked, the largest being about two lines in diameter; on one arm was a large vibex. Some wine was administered immediately, and Mr. Buck agreed to try the following:—To take a powder of gallic acid of five grains, white sugar ten grains, every four hours, and a stimulant mixture, with carbonate of ammonia.

About one p. m., the bleeding at the nose ceased, after lasting twenty-four hours. At five she had another stool of the same nature as the previous ones. The third and fourth powders produced sickness, and only her drinks, without any blood, were rejected.

On Thursday she continued much in the same state. She was directed to continue the powders, which had been temporarily suspended on account of the vomiting; and a sinapism was applied to the abdomen.

Friday, 25th. She had taken one drachm of the gallic acid, and seemed decidedly better. The pulse was 120; the tongue covered

with a brown fur, and the abdomen was still tympanitic. The spots continued as brilliant as before, and her arm showed a very marked discolouration at a part which had been purposely pinched the day before. She was directed to omit the powders and continue the stimulant mixture.

From this time she went on improving; the spots gradually lost their brilliancy, and disappeared of a light brown colour, being still perceptible ten days after her seizure, when she was up, and taking tonics and light nourishment. The bowels and skin acted very freely after the first week, and she is now, (May 4th,) quite well.—*Prov. Med. and Sur. Journ.*

The treatment of Syphilitic Affections.—At a recent meeting of the Surgical Society of Ireland, the proceedings of which are reported in the *Dublin Medical Press*, an interesting paper was read by Dr. M'Egan, on the diagnosis and treatment of syphilitic diseases. In the discussion to which this paper gave rise, the president, Mr. Carmichael took occasion to give a brief account of the origin and progress of his own investigations on the subject, and after alluding to the opposition which his views had at first encountered, and exposing the attempts which had been made to suppress them, by some practices of very questionable character, concluded by making the following observations in reference to the employment of mercury.

1st. I do not think it necessary in the treatment of the simple primary ulcer without induration, nor for the papular eruption, and other constitutional symptoms it produces; but should the eruption linger into the fourth or fifth week after it has desquamated into scaly spots or blotches, mercury in alterative doses, either in the form of Plummer's pill or the proto-ioduret of mercury, will be of service in clearing the skin of the eruption, and in removing the pains of the joints, which are constantly present in this form of venereal. But I protest most strongly against the use of mercury at the period when the eruption first appears in its papular form, at a time that it is usually preceded and accompanied by considerable fever, like all the other exanthemata, to which class of Cullen it obviously belongs. If we should exhibit mercury prematurely during the eruptive stage of this as well as the other forms of disease, the scaly excepted, we may possibly clear the skin of the eruption, but in all probability it will return again and again, to the great disappointment of the patient and perplexity of the medical attendant.

2nd. For iritis I would give mercury, so as to excite its full effect upon the system, and at the same time not neglect the usual antiphlogistic measures to remove this dangerous inflammation.

3rd. For nodes I would exhibit mercury, and I think the iodide of that mineral for their removal is superior to any other preparation.

4th. For the phagedenic primary ulcers I have always found mercury most injurious. They are most successfully treated by the application of strong nitric acid, immediately followed by a douche of

cold water. The same application is also the most efficient for phagedenic ulceration of the throat, which if not checked will soon extend over the velum, uvula, and back of the pharynx, from whence it will spread upwards into the nares, and downwards into the larynx; in either of which situations I need not state the difficulty and danger of the case. Instead of the douche of cold water, in this situation inadmissible, I employ a probang; the sponge moistened in a solution of soda or potash will neutralize any superabundant acid applied to the ulcers. During the eruption of pustules or tubercles which cause those crusts termed rupia, I have found mercury injurious, although its exhibition may at first flatter both patient and surgeon that the disease is yielding to this remedy. But the natural tendency of this eruption is also to become scaly after it has existed several weeks or months. This scaliness is a sign that the disease is on the decline, and indicates that mercury in alterative doses may then be employed with safety and advantage. Should any of the constitutional ulcers on the skin spread after the rupia crusts fall off, their progress may also be effectually checked by the application of nitric acid to their phagedenic margins. They of themselves first show signs of healthy reparation in their centres, which need not therefore be meddled with. Mercury in this stage of the disease should not be exhibited. Hydriodate of potash, sarsaparilla, country air, and the tranquillizing effects of opium, should the patient be harassed by extensive ulceration, are the constitutional means most to be relied on.

5th. For the true Hunterian chancre with hardened edge and base, and for the scaly eruption which attends it, as well as the deep excavated ulcer of the tonsil, nodes, and other symptoms belonging to this form of disease, mercury may be esteemed a certain and expeditious remedy.

These are the views I entertained more than thirty years ago, as appear from my various publications on the subject; and it surprises even myself not a little that after so long experience, I have felt no occasion or necessity to depart from them. But I have often been pained at finding that many of the profession, particularly in the army, range themselves under the denomination of mercurialists or anti-mercurialists—*i. e.*, they either exhibit mercury in all venereal cases or refrain from it in every instance, regardless of the characters of the symptoms and stages of the disease. It may, however, be satisfactory to those who are indolently disposed, and wish to follow routine, to know that mercury may be given in general with advantage when an eruption is *scaly*—no matter whether or not it has been scaly from the commencement.

In fine, from my publications, as well as from what I have stated this night, it is obvious, that although in the great majority of cases I consider the exhibition of mercury unnecessary or injurious, yet in one form of disease, that which produces the scaly eruption, lepra or psoriasis, it is the remedy upon which I place my sole reliance; and in other forms of venereal which produce the papular, pustular, tuber-

cular, or rupia eruptions, there are stages and states in which it will be found a most useful auxiliary. Therefore, though it may accord with the natural indolence of our dispositions to treat all cases in either one way or the other, yet no practitioner, I aver, will be successful in following this routine mode of practice, who does not exert his powers of discrimination to ascertain to which class the symptoms under treatment belong; for no matter, in a practical point of view, whether there is one or a plurality of venereal poisons, (as I advocate,) it is of the utmost consequence, to ensure an efficient and successful issue, to consider the form of the disease under consideration, and to which of my classes it appertains.—*Ibid.*

New application of Electricity to Surgery.—A novel application of electricity has been described by Mr. Smee at his lectures on Surgery, delivered at the Aldersgate Street School of Medicine. He states that needles and other steel instruments are frequently impacted in the human body, and do irretrievable mischief, but may be detected by rendering them magnetic. The following extracts will sufficiently explain the *modus operandi*:—

“You are all acquainted with the curious condition which steel assumes under certain circumstances, whereby it evinces properties which are called magnetic; you know, moreover, that like magnetic poles repel, and opposite attract each other. You have, therefore, but to render a piece of enclosed steel a magnet, and you will be able not only to ascertain its presence, but to determine by its polarity its general direction; and by the amount of magnetism it evinces, you may even infer its probable bulk.

“When you suspect the presence of a piece of needle, or other steel instrument, you must subject the suspected part to a treatment calculated to render the needle magnetic; and there are two principal methods by which this object may be effected;—the first, by transmitting a galvanic current, at right angles, to the suspected part; the second, by placing a large magnet near the part affected, so that the object may be magnetized by induction. You may accomplish the first end, by taking a copper wire, covered with cotton, or still better with silk (in fact, you may employ the covered wire as generally used for the formation of electro-magnets,) and wind it round the parts suspected to contain steel, several times, so that the same current may act at right angles, many times, upon the piece of steel; you may then take a galvanic battery (one of my little tumbler batteries will amply suffice,) and connect one end of the wire to the zinc, the other to the platinized silver. The current might be continued for half an hour, or more, when the steel would become magnetized, and thereby give strong indications of its presence.

“For my own part, I should use the second plan, or the plan of magnetizing by induction, to render the needle magnetic. For this purpose I have employed a temporary electro-magnet, which I magnetized by the voltaic battery, and you will find, that by keeping the part affected as close as possible to the instrument for about half an hour, you will sufficiently obtain the desired object.

"The electro-magnet might be made of the horse-shoe form, if we knew the direction of the object; but in that case we should not require its use at all, as the proof of the existence of the needle is our only aim. I have used the horse-shoe magnet, but should prefer, in most cases, an electro-magnet like this, made for me by Messrs. Horne of Newgate Street, which is made of a simple straight bar of soft iron, wound round with wire. Your chemical lecturer has, doubtless, made you aware that the magnetic effect is proportionate to the power of the battery, so that if you were desirous of producing but slight effect, you would employ this tumbler battery; but if you require the action to be manifested to a greater distance, you would use a compound battery, such as this trough battery upon the table. The compound battery will magnetize a needle, in conjunction with the electro-magnet, in the space of two or three minutes. A powerful permanent magnet would answer as well as the temporary magnet; but it would be very expensive, and not so constantly at hand. When soft iron is impacted in any part of the body, we do not require either the electro or permanent magnet, for on this substance we are unable to confer magnetic properties.

"To test the existence of a magnet within the body, we may take a magnetized sewing needle, and suspend it by a piece of silkworm's silk, when it will exhibit certain phenomena upon the approach of the subjected part, provided it contain a piece of magnetized steel. Although this simple contrivance will amply suffice, I myself possess a needle which was made for me by Messrs. Willats of Cheap-side, and which is well adapted for the purpose.

"It consists, as you will perceive, of a delicate needle, about six inches long, centered upon a small agate cup, resting upon a steel point; so that the smallest possible amount of resistance is offered to its free play.

"When a part containing magnetic steel is brought near the needle, it may be either attracted or repelled, it may move upwards or downwards, or it may exhibit disquietude according to the position in which the new magnet is held. We may detect the position of the foreign body, when it is of any size, by ascertaining where its north and south poles lie, and these are determined by their repelling and attracting the opposite poles of the magnetic needle. The disquietude, or motion upwards and downwards, merely indicates magnetism, but not the direction of the magnet.

"You will, doubtless, be surprised when I tell you, that in this manner I have detected a piece of needle impacted in the finger of a young woman, although it weighed but the seventh of a grain. This gave such marked indications, that I found out tolerably well the positions of its north and south poles, though I could not ascertain the presence of a foreign body in any other way. I tried experiments on smaller pieces, at shorter distances, such as half an inch to an inch, and I found that a piece of needle, weighing 1-60th of a grain, gave decided indications after having been magnetized, and perhaps even a still smaller amount of steel might in some cases be detected.

"I have now satisfactorily demonstrated to you, that magnetism may be used for the detection of steel particles impacted within the body with absolute success; and though but a very trifling application of natural philosophy to the practice of surgery, I have no doubt that, had it been adopted before, many joints would have been saved; and I confidently anticipate that it will be the means, in future, of frequently saving these parts from destruction."—*Lecture on the Detection of Needles and other Steel Instruments.*

Professor Cornelianani on the Proximate Cause and Treatment of Chlorosis.—From an extensive experience in the wards of the Pavia Hospital—to which he is attached as the professor of clinical medicine—the author deduces the following conclusions respecting this not unfrequent disease.

1. The essential nature of chlorosis consists of two pathological conditions, both of them appertaining to the solids:—the *first* being an inordinate excitation of the heart and arteries, and the *second* a chemico-vital alteration of the assimilative functions of Chylification and Hematosis. It is not possible to determine which of these two conditions is the primary and causal one.

2. No plan of treatment is so certain and efficacious as the exhibition of steel in some form or another: the preparations of this metal acting curatively upon both of the pathological states now mentioned.

3. There is no very marked difference in the comparative efficacy of different chalybeate preparations, except in so far as relates to their solubility in the animal fluids, and perhaps also to their readiness to become disaggregated by the process of digestion.

4. The addition of an acid decidedly increases the efficacy of steel remedies.

5. Steel-filings become converted, in the stomach of chlorotic patients, into the lactate of iron.

6. It is useless—and not unfrequently it is unsafe—to administer very large doses of ferruginous preparations.

Professor Cornelianani has examined with great care the state of the blood in chlorosis; and most of his observations go to confirm the accuracy of MM. Andral and Gavarret's statements respecting the diminution of the normal proportion of red globules and hematosine.

Med. Chir. Rev.

M. Cazenave on the Different Sorts of Caustics.—The *Powder of Dupuytren* is composed of one part of arsenious acid and 200 parts of Calomel. It is a mild and very manageable caustic, that is useful in cases of Lupus in women and children, when the ulceration is superficial and of limited extent. If the diseased part be dry, it may be necessary to denude it by means of a blister, and then to sprinkle the powder upon the raw surface. A certain amount of heat and painful swelling is usually caused by this application. When it falls off, there is generally observed a decided modification of the

diseased surface. A few applications are sufficient to effect a cure in a great many instances.

The *Vienna powder and paste* are remedies of great power in certain cases of lupous ulceration. They are composed of equal parts of powdered quicklime and potassa cum calce. In using it, we take a portion of this mixture, and add a small quantity of spirits of wine to bring the powder to the consistence of a paste. A piece of adhesive plaster, with a hole in it of the size of the intended eschar, should be laid over the diseased surface, and the paste is then applied upon the exposed part. It is to be left on for ten or twenty minutes, according to the depth of the eschar that is wished, and the ability of the patient to endure the pain.

The *chloruret of zinc paste*, is much used in the present day. It is made by mixing one part of this substance with one or two parts of flour, moistening the mixture with as little water as possible. The pain produced by this application usually lasts for several hours. A greyish-coloured eschar is formed; and this, in most cases, remains attached for two or three weeks before it is separated. The surface underneath is generally not ulcerated. M. Cazenave very frequently has recourse to this caustic in certain cases of lupus, to destroy the non-ulcerated tubercles.

For this purpose, he usually applies only a very thin layer of the paste, so as not to destroy the entire tubercle; and in this manner he often succeeds in effecting a complete resolution of it, without any scar being left behind.

In very many cases of long-standing and deeply-corroding Lupous ulceration, he gives the preference to the Arsenical paste over the two others which we have mentioned: its action is two-fold; local as a caustic; and general, by becoming absorbed, and exercising a potent alterative or modifying influence upon the economy. The following is the formula which he invariably uses:—

Take of White oxyde of arsenic, 2 parts.

Sulphate of mercury, 1 part.

Animal charcoal in powder, 2 parts.

When used, a small quantity of this powder is to be made into a thin paste by the addition of a few drops of water; this is put upon the denuded surface—we should seldom or never exceed in extent that of a franc-piece. This application usually produces not only very sharp pain, but also a severe erysipelatous swelling, which lasts for 24 or 36 hours, and is sometimes accompanied with grave constitutional symptoms. Generally these subside very quickly; and then there remains on the cauterised part a hard brown crust, which often adheres for nearly a month, before it is detached.

Fluid caustics.—M. Cazenave frequently makes use of a solution of the Sulphate of Copper for the removal of those small warts that often form upon the shoulders and back, and also of certain pediculated horny productions, which occasionally appear upon these parts.

A stronger solution must be used for the latter form of cuticular excrescence.

In the treatment of Favus and Tinea, he recommends a weak solution either of this salt of Copper, or of the nitrate of silver, or of Acetic Acid.

Of fluid caustics, one of the most potent and useful is the acid nitrate of Mercury. When used to the surface pure and undiluted, it acts as a mere caustic; but when considerably weakened, and especially when applied to a large surface, it is unquestionably absorbed, and then it acts on the system.

It usually causes a good deal of pain and inflammatory swelling. The cases most benefitted by its application are those of Lupus, in which the ulceration is extensive and not deep-seated.

The erysipelatous inflammation, which this as well as other caustics—more especially the arsenical paste—are apt to produce, need not be much dreaded; nay, the effects of the cutaneous Phlegmasia seem sometimes to be decidedly salutary in the end.—*Annalen des Maladies de la Peau*.

M. Gibert has recorded in a recent No. (Oct. 1844,) of the *Revue Medicale*, a case of severe scrofulous Lupus of the face, in which the progress of the disease was arrested and the extensive ulcerated surface became cicatrised under the employment, external as well as internal, of cod-liver oil. The use of this medicine was steadily persevered in for a full year and a half. During this time not only did the local malady become healed, but the general health—which had formerly been very weak and ailing—was very decidedly improved.

The patient was a young woman, and the disease had existed for nearly six years. On one occasion, she had derived very considerable benefit from the internal administration of the deuto-ioduret of Mercury, and the external use of the proto-ioduret ointment; but the benefit was temporary only. She had been subjected to a regular and protracted course of Iodine treatment; but certainly with no advantage.—*Med. Chir. Rev.*

ETHNOLOGICAL SOCIETY, APRIL 23.

Dr. King, read a paper "*On the human mouth*" by Mr. Nasmyth, "Was mankind originally of a low or of an elevated degree of development?" enquires Mr. Nasmyth, and he answers, the development compatible with the due fulfilment of the exactions required from such a being as man must have been perfect. No feature bears so instructively on the solution of the various difficult problems involved in the study of ethnology as the form of the mouth, and the development of the teeth. In the lower animals the mouth is peculiarly and beautifully adapted to their exigencies, but in that of man exists a medium type fitted to every peculiarity of terrestrial exist-

ence. No other conformation than that given to him, can at once admit of perfect articulation and mastication of his varied food; moreover it may be regarded as fulfilling a most essential part in his intellectual life, for it is the organ of intellectual expression, and a grand agent in the communion of social life. Deviations in the character of the mouth, Mr. Nasmyth contends, are simply the effects of deviations in the habits of individuals composing races. When these deviations are partial, they are shown in individuals, when general, they amount to a national or tribe characteristic, and when continued from generation to generation, they become hereditary. The natural action of the lower jaw upon the upper is to push out, evert, or expand, the arch of the upper jaw, while on the other hand it is impossible by any habit to bring in or to contract that arch, so as to produce out of the advanced jaw of the negro the vertical jaw of the Caucasian and other well developed races; a vertical is said to be the original development of the infant negro; the advanced mouth of the adult negro is therefore not congenital but factitious. The negro of the southern provinces of the United States, owing to the different circumstances in which he is placed, has not the advanced mouth of his progenitors of Africa, after the 2nd or 3rd generations. Mr. Nasmyth then proceeded to show most ably that the plasticity of the mouth in infancy, was such as to admit of the factitious development pointed out. The ordinary duties required of the mouth in civilized life are a moderate exercise of power for division, tearing, and comminution or grinding, whilst in uncivilized life there exists much more powerful exactions, which have a great controlling influence over the development of the parts. Man in the uncivilized state has but few instruments or tools to assist him in operations of any kind, and his teeth are ready substitutes for those, which, on all occasions from infancy to old age, he most inscrupulously resorts to. He attacks the roughest materials of all kinds with his teeth. He uses them to form and to fashion those materials in all sorts of ways; and thus he converts the dental organ into a prehensile one. He also uses his teeth as instruments for punishing his enemies, seizing his prey, and separating the assimilative portions of his food from those which are not, which with the little assistance he derives from cooking, tend most decidedly to evert both the upper and the under jaw. Mr. Nasmyth explained at length various modifications of the face, arising out of the eversion of the upper jaw so common in uncivilized life, whilst in the civilized, a perfect organization of the mouth was pretty generally accompanied by a well developed brain, a regularity of feature, great energy of character, and corresponding physical power and activity. After the reading of this paper which was as elaborate as it was important, as affecting materially the existing classification of mankind, Dr. Wolff addressed the society on the Asiatic Tribes of his acquaintance, the Turkomans holding a prominent place.—*London Medical Times.*

Case of remarkable hypertrophy of the fingers in a girl; with a notice of some similar cases. By T. B. CURLING, Lecturer on Surgery, and Assistant Surgeon to the London Hospital.—E. Hitchcock, aged 15, the subject of this congenital malformation is a pale sickly girl, the daughter of poor parents. On the right hand, the fore, middle and ring fingers are of unusual size. The enlargement of the fore and ring fingers is only slight, but the middle one is of extraordinary proportions, measuring as much as five inches and a half in length, and four in circumference. On the left hand, the thumb, index, and middle fingers, are hypertrophied. The index-finger, which is most enlarged, measures five inches and a quarter in length, and four in circumference. The middle finger has a lateral inclination, occasioned by the displaced extensor tendon, which forms a bridle along its outer edge. All parts of these hypertrophied fingers are equally developed in excess—the bones, articulations, integuments, and nails. The two largest fingers are fixed in an extended position, and the author attributes the girl's inability to bend them to the flexor muscles not having acquired a developement corresponding to the fingers upon which they act.

The author observes, that in this remarkable example of partial hypertrophy, there is an apparent absence of all those circumstances which seem favourable to excessive growth—a feeble constitution, sparing nutriment, no extraordinary exercise of the part, and no enlarged vessels, or activity of circulation. It would seem as if the formative powers which we see in some few cases exercised to excess in every part of the frame, so as to make a giant, had been limited in this instance, to an insignificant part of the extremities.

The paper contains a communication from Professor Owen, giving an account of a case analogous to the preceding one. The subject was a child, two years years old. The middle finger of each hand was nearly twice as long, and more than twice as thick, as the index-finger.

The author gives the particulars of a hand, a cast of which was given to him by Mr. Diamond of Frithstreet. It is from a Spaniard, the governor of a fort in the Philippine Islands, and presents congenital hypertrophy of the first and second fingers of the right hand. The second, which is of enormous size, had the same kind of lateral inclination as was observed in one of the fingers of Eliza Hitchcock. The author also describes a cast contained in the museum of King's College, London, of the hand of an adult in which the middle finger is hypertrophied, with a slight lateral inclination.

The author, after noticing the rarity of malformation, refers to two published cases of it—one recorded by Mr. Power of Dublin, the other by Dr. John Reid. In the former, the fingers were divaricated from the middle. In all the four foregoing cases in which the hypertrophied fingers were bent to one side, the author suspects that the inclination was produced, as in the case of Hitchcock, by the tension of the displaced extensor tendon, which had not elongated in proportion to the increase of the size of the finger.

The author notices whether it be possible, by any mode of treatment, to arrest the inordinate growth of the fingers in early life. He doubts if this could be accomplished by any other means than by firm and long-continued pressure; but, in addition to the suffering attending it, the impairment of the functions of the part caused by pressure constitutes an insuperable objection to its employment. In a case where one finger only was enlarged to a great extent, and nearly useless, he recommends its removal. In other cases, the enlarged finger might be reduced in size by amputation of the distal phalanx.

The paper is concluded by a brief notice of two cases of hypertrophy of the toes.—*Prov. Med. and Surg. Journal.*

Description of a malformation of the duodenum. By ROBERT BOYD, M. D. [Communicated by ROBERT LEE, M. D. F. R. S.] This morbid specimen was from a male still-born infant. The duodenum was enlarged, and appeared like a bladder two-thirds filled, and contained a greenish-coloured fluid. The lower or most distant part from the stomach was imperforate, and of larger calibre than the upper part, so that the malformed duodenum, as exhibited in the preparation, is somewhat of an oval shape. The intestine is completely closed by a transverse membrane at the lowest part; $2\frac{1}{4}$ inches above this, a valve extends across, nearly half closing the gut, proceeding from its concave side. Around the membrane which closes the duodenum the small intestine is attached, and, when dried and distended with air, is only about the thickness of a writing-pen. The author, in conclusion, refers to various writers who have given an account of similar divisions, and other malformations of the intestinal canal.—*Ibid.*

A case of abscess in the groin, attended with symptoms of Hernia, from which two lumbrici teretes and afterwards fecal matter were discharged, and the patient recovered. By THOMAS HOWELL, Esq., of Risborough.

John Stevenson, aged 70, was attacked with symptoms of strangulated hernia. The author found a small hard tumour, about the size of a hen's egg, in the right inguinal region, lying over Poupart's ligament, about midway between the internal and external abdominal rings. At first he supposed it to be a hernia, but on careful examination could detect no impulse on coughing, nor detect a neck towards the internal ring, and the tumour was not in the precise situation of inguinal hernia, and he was led to conclude that it was an enlarged inguinal gland. The symptoms were relieved by calomel and opium and a dose of castor oil, which acted freely. After two or three days phlegmonous inflammation took place, and on fluctuation being perceived the part was opened and four ounces of pus discharged. On the poultice being removed next morning, two worms (*lumbrici teretes*) each from five to

six inches long, were found in it. After this, feculent matter continued to escape from the wound for three weeks. He also passed per anum feces, but not of so bright a yellow colour as that from the groin. The discharge from the wound gradually diminished, and in five weeks the author succeeded, by means of pressure, in healing this orifice. The patient stated that he never had any hernia.

Mr. CÆSAR HAWKINS would allude to one point in the paper, particularly as he was afraid it had been a source of error in diagnosis in some other cases. He referred to the fact of the medical attendants of the case detailed having come to the conclusion that the tumour was not a strangulated hernia, in consequence of the absence of all impulse in it on the patient coughing. This was really one reason for concluding that the hernia was strangulated. In nine out of ten cases of strangulated hernia no impulse would be communicated to the swelling on coughing.

Dr. CHOWNE mentioned a case which bore some analogy to the one under consideration. It occurred some years since, and was one of constipation, to relieve which the patient swallowed a quantity of quick-silver. A tumour subsequently formed in the groin, and opened by sloughing. Two ounces of quick-silver came away, with fecal matter, from the opening. The symptoms presented were similar to those in the case under consideration. The patient eventually did well.

Mr. ARNOTT, some years since, had a case under his care at the Middlesex Hospital. The patient, a young girl, had an abscess formed on the right side, in the situation of that in Mr. Howell's case: the integuments sloughed, and there was a discharge of fecal matter. The patient recovered. He agreed with Mr. Hawkins respecting the absence of impulse in the tumour on coughing, in strangulated hernia. The last case of hernia on which he had operated was an instance of this kind. The patient was an old woman, labouring under strangulated femoral hernia. Coughing imparted no impulse to the tumour. He pointed out this peculiarity to the students, and explained his reasons for operating. The patient recovered from the proceeding. The surgeon was often puzzled in reference to abscesses having communication with the intestine. He had a short time since been consulted in a case of hernia, in which an opening had been made into a tumour situated in the groin, and which had been decided not to be hernial, because there was no impulse imparted to it on coughing. The surgeon was surprised to find a quantity of fecal matter follow the knife, and he became alarmed. The abscess was on the left, not, as usual, on the right side. No hernia existed, but there was, no doubt, a communication between the abscess and intestine. The patient recovered.

Dub. Med. Press.

On Simple Ulceration of the Os Uteri.—The occurrence of simple ulcers on the os uteri was denied by Boyer, owing, no doubt, to the little use made of the speculum in his time. Nothing, however, is more frequent than the appearance of these ulcers; and it may be said that every woman labouring under leucorrhœa, purulent

or lactescent, is affected by this disease, if not with cancer. Five or six varieties of this disease are at present under treatment in the wards of M. Jobert, at the Hôpital St. Louis; and these we have carefully studied by means of the speculum. It is so rare in ordinary practice, to have an equal number of patients under the eye at one time, and so inconvenient, moreover, to examine them in a suitable manner, that the present opportunity of doing so is interesting. The disease, as far as regards the ulceration, presents itself under various forms; but they all proceed from the same cause, hypertrophy of the neck. This hypertrophy, without doubt, precedes the erosion, and is sometimes accompanied with induration, sometimes with softening. The hypertrophic softening is sometimes considerable; we have seen the neck undulate, and even yield under the simple pressure of a pencil of agaric, like a stewed apple. In this condition the neck, from the absence of nerves in its tissue, presents no morbid sensibility. The ulceration appears, no doubt, consecutively to this state, and is the natural process of chronic inflammation. The ulcers may have their seat on one or other lip, generally the superior, sometimes on both, and very frequently on one or the other side; in some cases they cover the whole circle of the os, and in others they have their seat deep in the neck of the uterus, where they are concealed by the swelling of the anterior lip; but they may be discovered there by a means which we shall presently indicate: so much for the seat of the ulcers. As to their form, they are sometimes superficial,—simple aphthæ,—of the size of a lentil, having their seat in the edge of the neck, and more or less numerous; this is the most simple case; these aphthæ, however, sometimes extend, become confounded together, and constitute a superficial erosion of more or less extent of a mapped form, and more or less irregular; the lesion then becomes much more serious. It is not necessary, however, that it should pass through the aphthous stage to arrive at this state, for it may originate primarily and to a great extent, from the inflammatory process alone. This species of ulceration presents a great resemblance to those large erosions of the superior part of the cornea, in form of a cross, described by Demours, and styled by Velpeau "*ulcères à coup d'ongle*;" it is, however, proportionally much larger. It may be compared more exactly to the surface of a suppurating blister; it is sometimes covered with granulations, bleeds easily, and is often even infiltrated with blood; thus its aspect is always red; it is not painful to the touch, either with the finger or a pencil. It is probable that these women, in whom there is hemorrhage after sexual intercourse, have some slight ulcerative lesion of this kind. In a third variety, the erosion is no longer a mere superficial excoriation, it is hollow, infundibuliform, semi-spherical, more or less deep, sometimes very deep. Its base is more or less foul; its surface is always of a bright red, and infiltrated with blood. The erosion then very much resembles certain hollow ulcers of the legs in varicose subjects, who have just been walking. This kind of ulcer often causes a notch on one side of the os uteri, near its opening or on its free edge, but more generally on its superior lip, or towards the left lateral com-

missure. In some cases it affects the whole circle of the internal surface of the os, and hollows out a progressive cavity from above downwards. These hollow erosions must always be regarded with suspicion, more especially if they make any progress in depth, for their nature is frequently not simple; and if they have been so, they are liable to assume a bad character. It may be said, generally, that the ulcer is simple when its surface is granular. In regard to the third variety, it resembles the two preceding as to form, only it has its seat in the neck. In conclusion, we have thus observed three varieties of simple ulcers on the neck of the uterus; the aphthous, ulcerative abrasions, and hollow ulcers; they are all hemorrhagic, especially the latter, and are more or less granular. Hollow ulcers, not granular, are always to be regarded with suspicion. We have not included syphilitic sores of the neck, primary or secondary; these lesions do not in general exist alone, and they have, moreover, specific characters, which at present we need not mention.

Those affected with ulceration of the neck of the uterus are generally young, having seldom passed their thirtieth year; have usually had a family, or miscarriages, and have been for some time subject to abundant leucorrhœa, and hemorrhages, or at least to fluxes of blood from the uterus other than the catamenial. Their constitution is often lymphatic, but this has not appeared to us predominant. They are frequently dark women, with large black eyes, robust, ardent, in whom the crineous system is much developed, indicating a great degree of vigour in the vitality of the dermic covering. These conditions may perhaps be regarded as predisposing causes of the hypertrophy, and the consequent ulcerations, owing to the congestive state of the skin, the mucous linings, and the neighbouring organs associated with it; these, however, are mere conjectures.

The patients affected with this disease present two kinds of symptoms. On the one hand, an abundant leucorrhœa, with a lactescent discharge; on the other, symptomatic phenomena peculiar to most of the chronic affections of the uterus; viz. lassitude of the extremities, pain and dragging in the loins, hips and thighs, want of appetite, and sometimes a painful spasmodic contraction of the sphincter ani. These symptoms are accompanied with general languor, more or less troublesome.

A precise diagnosis can only be obtained by means of an accurate examination with the speculum. The "*toucher*" alone is not sufficient; a state of hypertrophy merely can be ascertained by its means, but even then its degree can never be perfectly and clearly defined, however expert the examiner may be. In order to institute a thorough examination with the speculum, the patient must be placed, not on the edge of the bed, as is usually done, but on a table, with the hips very much raised, and the thighs bent backwards, so that the knees almost touch the abdomen. It is then only by means of a strong ray of natural light that the fundus of the vagina can be distinctly seen. In order to examine the whole periphery of the neck, a double-valved speculum ought to be used, which on opening embraces it entirely. A single cylindri-

cal speculum is not so serviceable for the first examination, as its opening does not include the whole hypertrophied mass. At first there is observed on the neck and fundus of the vagina, a quantity of purulent mucus; on wiping it away by means of an agaric pencil, the disease is then visible. The first thing that strikes the eye is hypertrophy of one or other lip, or of the whole of the os, and then the ulcerations with which it is complicated. When there is hypertrophy, with pus in the passage of the neck, ulceration, which is not visible, may be suspected. The following is the method which M. Jobert employs to discover this:—He withdraws the double speculum, and introduces the cylindrical one in one piece, and manœuvres it in such a way as to engage the os tinæ in the centre of its opening; he then inclines the handle of the instrument obliquely to the right or left, or from above downwards, in such a way as to cause the posterior opening of the speculum to slide in the opposite manner on the neck; he thus places one of the lips of the os on the edge of the opening of the speculum, and then pushes the instrument from above downwards, so as to separate the lips, which, from the softness of the tissues, is easily accomplished; a considerable portion of the neck then becomes visible, and the ulcerations are brought into view. These ulcers are generally very small, (like a lentil) but, so far as they extend, are as readily seen as the others. When they are simple, their tendency is to progress from the interior outwards, rather than in the opposite way.

As to the *treatment*, nothing is more simple or certain. The disease is invariably cured in the course of a few months, by the means employed at St. Louis. Two lesions have to be considered, the one dependent on the other, viz: ulceration and hypertrophy. If there are merely aphthous ulcerations, slight cauterisation with the acid nitrate of mercury, or even with the nitrate of silver, speedily produces cicatrization; the remaining hypertrophy, if it is not considerable, may be cured by the ordinary means. If it be to a great degree, the actual cautery is used for both lesions from the commencement. The latter treatment is also employed when the hypertrophy of the neck, though not considerable, is obstinate, and the leucorrhœa continues. The actual cautery is used for the other species of ulcers either by reverberation, or, which is more general, by its direct application to the ulcer, so as to produce an eschar more or less deep; it may be repeated in the course of eight or fifteen days. The cure is generally accomplished in the course of two, three, or four months; there is melioration in regard to the pain and leucorrhœa during the first week. It seems probable, that concentrated heat causes such a modification in the diseased tissues, as to dispose to a healing process. We earnestly entreat attention to the above facts: the disease is both frequent and disastrous among all classes, and more especially in large towns.—*Lond. and Ed. Monthly Journ., from Annales de Therapeutique.*

On the Effects of Blood as an Antidote to Arsenic.—The desire of discovering in poisoning by arsenic, an antidote which could be obtained and employed under any circumstances, led the author to insti-

tute the following toxicological experiments:—Arsenic having a great affinity to the constituents of blood, the author administered, at noon, to a well fed healthy dog, nine years of age, three grains of arsenious acid dissolved in diluted milk, after the animal had been eighteen hours without food; a quarter of an hour after, eighteen ounces of blood, taken from a calf just killed, were poured into its mouth. Considerable perspiration and trembling all over the body ensued, then thirst, dejection, and tendency to vomiting. At seven o'clock P. M., the dog ate and drank freely, was lively, and apparently strong; neither vomiting, nor stool, nor urinary secretion, ensued during the night. The following day the dog was left quiet. On the third day, six grains of arsenious acid were given in diluted broth, after fasting for twelve hours: within ten minutes twelve ounces of blood were poured in, the animal's struggles preventing a greater quantity from being administered. It drank a great deal of water. No other symptoms appeared than those perceived at the first experiment, viz: perspiration, exhaustion, and trembling. In the evening the dog was quite lively. A day's interval was allowed for his recovery, and on the fifth day he had nine grains of arsenious acid in diluted milk; after a few minutes, nine ounces of blood were poured into its mouth with great trouble. The symptoms were the same as on the former occasion, together with the singular fact, that a pterygium of the right eye, with which the dog was affected, contracted itself, and disappeared the next day; the right eye was then as clear as the left. On the seventh day the dog received twelve grains of arsenious acid given in broth, and no more than eight ounces of blood could be injected; the perspiration was so considerable, that the animal appeared as if it had been bathed; the thirst was great. The animal howled constantly, with a hoarse voice, and evacuated fæces and urine, which had not been the case in the former experiment. After the lapse of twenty-four hours, that is, on the ninth day, the dog had eighteen grains of arsenious acid, and about six ounces of blood. The dose was increased this time by six grains, because the author wished to close his experiments with the death of the dog. The effects were now very marked, great thirst, restlessness, convulsions, and complete prostration. At about eleven P. M., the symptoms of poisoning had almost disappeared; after some days the dog recovered almost completely with the exception of hoarseness in barking. In order to ascertain the organic changes produced by the large quantities of arsenic which had been introduced into the system, the dog was killed. Neither the pharynx nor fauces were inflamed nor spotted; the venous blood was gelatinous, the arterial coagulated and not quite red; the liver was very hard and fragile; the lungs were inflated, and covered with bluish spots in some places; they scarcely contained any blood; heart unaltered. The blood contained in the heart was gelatinous and black; this was particularly the case in the right verticle; stomach unaltered externally, thrown into deep folds, much inflamed internally; pylorus normal. Duodenum, ileum, and colon were also inflamed, and filled with digested food. In order to ascertain whether the arsenic had not entered the blood or the brain, the author collected the blood of

the heart, evaporated it to dryness, powdered it, and mixed a part with an equal quantity of carbonate of potash, and half the quantity of coal powder, and, to his great surprise, he obtained two grains and a half of arsenic by sublimation. The other part of the dried blood was used for analysis by a liquid process, and arsenic was likewise obtained; the brain was also dried and powdered, and mixed with carbonate of potash, and again one grain and three quarters of arsenic were obtained; the liver,* muscles, &c., would also have been analysed in a similar manner, if the body of the dog had not been taken away during the night, and thrown into the river without the author's knowledge. Though the experiments appear imperfect in consequence of the urine and perspiration not having been analysed, still the author suggests, in cases of poisoning by arsenic, to use the blood of a freshly killed animal as an antidote, if no medical treatment were readily obtainable. Should the nauseous character of the remedy be a great objection, it would be greatly removed by the patient having his eyes bandaged while taking the blood.—*London Medical Times, from Franz. Apoiger in Buchner's Repertorium.*

Poisoning by Cherry Kernels.—A daughter of a widow, æt. 5 years, ate a considerable quantity of the kernels of sweet cherries (*prunus acium*). Her brother (a few years older than herself), also ate some. After the lapse of a few hours, symptoms of poisoning appeared. When the author was called the next day, he found the girl so comatose, that she could not be roused by any means. The eyes were closed, pupils considerably dilated, the skin moist and hot, respiration exceedingly hurried, pulse small and quick, urine and *fæces* discharged involuntarily; the child very restless. A saturated solution (probably citric acid, with a carbonate of potash) was ordered internally, and cold fomentations to the head externally; after a few hours, vomiting of a greenish mass ensued, and was followed by retching, which lasted till death; the body was spasmodically contracted backwards. The illness lasted forty hours. On the *post-mortem* examination, the stomach externally was normal, and internally rather swollen and reddened; the intestines were strictured and invaginated, but there was not any inflammation. The liver, spleen, and large vessels, contained black tar-like blood. The boy, who had eaten fewer cherry kernels, became likewise ill, but recovered in the course of a month. An eruption, analogous to urticaria, came out on the fore-arms of both children; they were both perfectly well (according to the statement of the mother) before eating the cherry kernels, and no other cause for the attack could be assigned. The kernel of the *prunus avium* (*cerasus nigra* MM.) containing amygdaline, and developing prussic acid, with ethereal oil in the stomach, is a very remarkable occurrence, and one which ought to serve as a warning.—*Ibid, from Mertens of Wangroweit in der Medic. Zeit. f. Heilkunde, Prussic.*

*This is greatly to be regretted, since probably the largest quantity of arsenic would have been discovered in the liver.